

Merchant Services • 4 Northeastern Boulevard, Salem, NH 03079-1952 • www.chasepaymentech.com • Phone: (603) 896-6000 • Fax: (603) 896-8715 • Merchant\_Services@ChasePaymentech.com EU Merchant Support • Block K, East Point Business Park, Dublin 3, Ireland • www.chasepaymentecheurope.com • Phone: +353 1 726 2909 • Fax: +353 1 889 3156 • EUMerchantSupport@ChasePaymentech.com

## Name Change and Taxpayer ID Change Request Form

Current Company Legal Name:	Company #													
	Contact Phone:													
	(Include Country code)													
Please select the name change tha	is applicable:													
Change to your existing Company	egal Name													
Provide New Company Legal Name:														
Is this change in Company Legal N	ne the result of a change in ownership structure?													
If Yes, application by new owner must	e filled out. (Contact Account Executive for further details)													
If No, please submit one (1) of the follo	ing supporting documents:													
<ul> <li>Letter on company letterhead s</li> </ul>	ed with Secretary of States office ting name change and confirming there is no ownership change and, if deral Tax Payer Identification Number													
► Does this change in Company Lega deposits your funds? Yes No	Name impact the Bank Account Name to which Chase Paymentech													
<b>If yes</b> , please complete a separate Bar <i>Paymentech Online</i> ).	Account Change Form. (Contact Merchant Services at (603) 896-8333 or download from													
	lentification Number (W-9 Required for USA, W-8 required for CAN)													
	Effective Date of Change: (Required)													
Company (all of the divisions under this o Business Unit #/No.	mpany will utilize the new Taxpayer ID <b>All TD's □Yes □No</b> (if no provide list of Division numbers below)													
099K Contact Name:														
099K Contact Email Address: (This is the contact that will receive the 1099K mail)	to the address listed on the W-9 supplied (only required on new Taxpayer ID #'s)													
099K Mailing Address:	an address provided on your W-9)													
· ·														
Business Unit Name	BU#/No.:													
If Business Unit Name is to be changed (utilize below for Business Unit name maximum of														
Registered Office: Eastpo	ing as Chase Paymentech, is regulated by the Central Bank of Ireland. t Plaza, 2 <sup>nd</sup> Floor, East Point Business Park, Dublin 3, Ireland. and with the CRO under the Registration No. 474128.													
	ectors: Shane Fitzpatrick, Kevin Moran.													



Merchant Services • 4 Northeastern Boulevard, Salem, NH 03079-1952 • www.chasepaymentech.com • Phone: (603) 896-6000 • Fax: (603) 896-8715 • Merchant\_Services@ChasePaymentech.com EU Merchant Support • Block K, East Point Business Park, Dublin 3, Ireland • www.chasepaymentecheurope.com • Phone: +353 1 726 2909 • Fax: +353 1 889 3156 • EUMerchantSupport@ChasePaymentech.com

Division	Name
----------	------

Division #/No.

If Division Name is to be changed, *please explain*:

(utilize below for division	on name	maxim	um of 3	30 chai	racters	s – If E	3U name	ə is cı	irrently	the sar	ne as i	the TD	name	both	will be	e char	nged a	s a d	efault)
Descriptor Na	ame					Divi	sion #/	'No.											
If Descriptor (that	appear	rs on	cardh	older	state	emer	nt) is to	be	chang	jed co	mple	te be	low:						
(utilize below for card	holder de	scripto	or maxii	num o *	f 22 ci	haract	ers)		*										
If Customer Servi				•							nt) is '	to be	char	ged	com	plete	belo	ow:	
On behalf of								I,							,	repre	esent	and	warran
	•		nt Leg						•	rint Na					_				
that I have the auth as requested above		chan	ge thi	s info	ormat	tion a	and I ve	erify	that th	ne abo	ove in	form	ation	is ac	cura	ite ar	nd sh	ould	be use
Authori	zed Sig	natur	e *						Title							_		Date	
			(*M	ust b	e sig	gned	by Ex	ecut	tive o	r Fina	ncia	l Con	tact)						