



Change of Processing Limit

All information listed is required and must be completed. Please fax this form to the EVO Risk Department at 1 (516) 962-7891. This request will not be processed until the authorized signature has been verified. Upon receipt and review of your request, additional documentation may be required. This request will not be effective until the required documents are provided and approved.

Current Merchant Information:

Merchant name: _____ Merchant N°: _____

Contact: _____ Phone: _____ Fax: _____

Merchant Address: _____ City: _____ State: _____ Zip: _____

Requesting:

Monthly Processing Volume: _____ Average Ticket: _____

Reason for Request: _____

Signature <i>(must be a signer on the original application)</i> : _____	Date: _____
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Print Name : _____ Date: _____

Internal Use Only: Accepted _____ Rejected _____

If you should have any questions, please contact the Customer Service department at (800) 705-2559.