



DBA Name and Address Change Request

Please return this form completed and signed by email to AccountChanges@nuvei.com or by fax to (478) 345-8855

OFFICE INFORMATION

Dated _____	Mobile Number _____	App ID _____
_____		Ticket # _____
Email Address for Notification of Request Completion _____		

ACCOUNT INFORMATION CURRENTLY ON FILE

Merchant ID (MID) _____	Merchant Legal Name _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	of <input type="checkbox"/> YES <input type="checkbox"/> NO
Is this a multi-merchant? _____	Does the Merchant have POS systems? _____
If yes, location number: _____	

INFORMATION TO BE CHANGED

CHANGE DBA NAME TO

PREVIOUS DBA NAME _____	NEW DBA NAME _____
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CHANGE MAILING ADDRESS TO

PREVIOUS MAILING ADDRESS _____	NEW MAILING ADDRESS _____
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PREVIOUS MAILING CITY, STATE and ZIP CODE _____	NEW MAILING CITY, STATE and ZIP CODE _____
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CHANGE LOCATION ADDRESS TO

PREVIOUS LOCATION ADDRESS _____	NEW LOCATION ADDRESS _____
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PREVIOUS LOCATION CITY, STATE and ZIP CODE _____	NEW LOCATION CITY, STATE and ZIP CODE _____
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CHANGE CONTACT INFORMATION TO

PREVIOUS PHONE NUMBER _____	NEW PHONE NUMBER _____
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PREVIOUS MOBILE PHONE NUMBER _____	NEW MOBILE PHONE NUMBER _____
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PREVIOUS FAX NUMBER _____	NEW FAX NUMBER _____
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PREVIOUS EMAIL ADDRESS _____	NEW EMAIL ADDRESS _____
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SIGNATURE AND ACCEPTANCE

In accordance with the terms set out above, I authorize the above change(s):

X _____ Signature (Must be Signatory on File)	X _____ Signer's Name (Please Print)
X _____ Signer's Title (Please Print)	X _____ Dated



Please allow three (3) to five (5) business days for your request to be completed.

303 Perimeter Center North, Suite 600 | Atlanta GA 30346 | 800-261-0240