

# Card Type Add Form

add / remove / update



Merchant Name	
Merchant Number	
Business Phone Number	
Business Fax Number	
E-Mail Address	

**Important:** The appropriate merchant numbers for each card type must be provided.

American Express <i>800-528-5200</i>	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Update		
	CID #		
Wex-Voyager	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Update		
	MID #		
EBT	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Update		
	FNS #		
Wireless	Monthly Fee \$_____ Transaction Fee \$_____		
Gateway	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Update		
	Monthly Fee \$_____ Transaction Fee \$_____		
Debit	<input type="checkbox"/> Include Pin-Based Debit Acceptance in Merchant Setup		<input type="checkbox"/> Remove Pin-Based Debit
	<i>per item / occurrence</i>	<i>monthly charges</i>	<i>surcharge</i>
	Pin Base Debit \$_____	Debit Access \$_____	Add Surcharge \$_____

Date \_\_\_\_\_

Print Name of Authorized Merchant Principal \_\_\_\_\_

Signature of Authorized Merchant Principal \_\_\_\_\_

Please fax signed completed form to ATTN: Customer Service.  
If you have any questions, please contact our office.

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