

Processing Limit Increase Form



Merchant Name	
Merchant Number	
Business Phone Number	
Business Fax Number	
E-Mail Address	
Merchant Website Address	
Increase Monthly Volume to	
Nature of Business	

Reason for Increase: _____

Signature of Authorized Merchant Principal

Date

Please fax signed completed form to Attn: Risk Department.
Allow 3 to 5 business days for processing.
If you have any questions, please contact our office.

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