



ADDRESS | PHONE | FAX | MISC CHANGE REQUEST FORM

Phone: 888.690.7555 | Fax: 818.700.3106 | Email: accountservicing@paceps.com

Business Name _____ Merchant Number _____

Owner Name _____ Email Address _____

I/we request a change in the following item/s listed below:

- Change of Address
- Change of Phone #
- Change/Add Fax #
- Equipment Change (Explain below)
- Other (Explain below)

New Information

Address _____
 City/State/Zip _____
 Phone # Fax # _____
 Other Change _____

Signature _____ Date _____

NOTE: ALL CHANGES WILL BE COMPLETED BY THE END OF MONTH TO ENSURE PROPER STATEMENT REPORTING.

Pace Payment Systems appreciates your continued business!



www.pacepayment.com

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