



Platform Change Request

Complete and fax to: (323) 931-2231

Please include a VAR sheet if available

Date _____

RESELLER INFO

Company Name	Requestee Name	Phone Number
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MERCHANT INFO

Company Name (DBA)	Business Address	Merchant #
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CURRENT PLATFORM INFO

Date to switch	Best time to switch
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TSYS (Vital)

Acquirer BIN	
Merchant #	
Agent Bank (Agent)	
Agent Chain (Chain)	
Store Number	
Terminal Number	
Merchant Category Code	

PLANET PAYMENT (Planet Payment)

Merchant ID	
Terminal ID	

PLANET PAYMENT (Tsys)

Merchant ID	
Terminal ID	

FDMS

Merchant #	
Merchant ID	
Terminal ID	

PAYMENTECH

Client #	
TID (Merchant #)	
Terminal #	

GLOBAL

Acquirer BIN	
Merchant #	

Notes



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NEW PLATFORM INFO

TSYS (Vital)

Acquirer BIN	
Merchant #	
Agent Bank (Agent)	
Agent Chain (Chain)	
Store Number	
Terminal Number	
Merchant Category Code	
Merchant Name	
State	
Zip	
Customer Svc Phone #	

PLANET PAYMENT (Planet Payment)

Merchant ID	
Terminal ID	

PLANET PAYMENT (Tsys)

Merchant ID	
Terminal ID	

FDMS

Merchant #	
Merchant ID	
Terminal ID	

PAYMENTECH

Client #	
TID (Merchant #)	
Terminal #	

GLOBAL

Acquirer BIN	
Merchant #	

Notes

I hereby authorize USAePay to change the current processing platform information to the newly submitted processing platform information. USAePay is not held liable for any charges incurred by the merchant or any processing downtime due to incorrect new platform information.

Requestee Signature

Requestee (Print Name)

Date