



For CMS Office Use Only:	
Date Received: _____	Date Submitted: _____
Security Call: _____	Date Completed: _____
By: _____	Date Scanned: _____

# Doing Business As (DBA) Change Request Form

Merchant Number: \_\_\_\_\_

Merchant Name: \_\_\_\_\_

Old Doing Business As Name: \_\_\_\_\_

New Doing Business As Name: \_\_\_\_\_

*(State recorded documentation may be required to make changes)*

Reason for change?

\_\_\_\_\_

\_\_\_\_\_

Are there any changes within marketing or product offers? If so, please explain

\_\_\_\_\_

New Website URL: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Authorized Principal**  
(as specified on the Merchant Application/Agreement)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Email Address**

*Please email the complete form to [risksupport@cmsonline.com](mailto:risksupport@cmsonline.com) or fax to 1-877-537-9485.*

*Please contact our risk department at 1-877-267-4324 with any questions.*