SHIFT④

CONTACT(S) FORM - ADD/REMOVE

Use this form to add, replace or remove a contact for your Merchant Account.
Please email this completed form to accountmaintenance@shift4.com or fax to 973-630-9050.

▶ STEP 1 - PLEASE COMPLETE ALL OF THE APPROPRIATE INFORMATION

CURRENT MERCHANT INFORMATION

☐ ADD NEW CONTACT   ☐ REPLACE EXISTING CONTACT   ☐ REMOVE EXISTING CONTACT (LEAVE STEP 2 AND STEP 3 BLANK)

MERCHANT NAME (DBA): | MID NUMBER:

EXISTING CONTACT NAME:

TELEPHONE NUMBER: | EMAIL ADDRESS:

▶ STEP 2 - PLEASE COMPLETE ALL OF THE APPROPRIATE INFORMATION

NEW CONTACT INFORMATION

NAME: | DATE OF BIRTH*:

TELEPHONE NUMBER:

*MUST BE 18 YEARS OF AGE OR OLDER TO QUALIFY.

▶ STEP 3 - CONTACT TO READ AND SIGN THE 'ACCESS AND RESTRICTION' TERMS BELOW

The undersigned shall have access to the above referenced Merchant Account in the following limited capacity: statement requests/reviews; verification of transaction information (processed successfully or unsuccessfully; time/date of transaction statements); verification/description of payments and withdrawals; troubleshoot terminal issues/approve replacements as needed; order supplies; online password resets. THE UNDERSIGNED SHALL BE RESTRICTED FROM CHANGING ANY ACCOUNT INFORMATION. This includes, but is not limited to, bank account changes, request for credit card information, and contractual agreement requests. Only the primary and/or secondary signers can request or complete these aforementioned changes.

AGREED AND ACCEPTED:

AUTHORIZED CONTACT

SIGNATURE: _____

NAME (PLEASE PRINT): _____

TITLE: _____

DATE: _____

▶ STEP 4 – CURRENT PRINCIPAL SIGNER #1 OR #2 TO READ AND SIGN TO APPROVE THESE ALLOWANCES

The undersigned acknowledges and agrees that the Authorized Contact is allowed access to the Merchant Account in the limited capacity as listed in STEP 3 above.

AGREED AND ACCEPTED:

PRIMARY OR SECONDARY SIGNER (PLEASE PRINT): _____

SIGNATURE: _____

TITLE: _____

DATE: _____