



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 _____

MERCHANT INFO

Company Name (DBA) _____ Business Address _____ Merchant # _____

CURRENT PLATFORM INFO

_____	_____
Date to switch	Best time to switch

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 (Nashville)	
Merchant #	_____
Merchant ID	_____
Terminal ID	_____

PAYMENTECH (Tampa)	
Client #	_____
TID (Merchant #)	_____
Terminal #	_____

GLOBAL (East)	
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 (Nashville)

Merchant #	
Merchant ID	
Terminal ID	

PAYMENTECH (Tampa)

Client #	
TID (Merchant #)	
Terminal #	

GLOBAL (East)

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