

Processing Parameter Request Form



Please use this form to request a process limit increase or decrease, an average/high ticket increase or to remove/decrease a reserve.

Merchant Name	
Merchant Number	
Business Phone Number	
Business Fax Number	
E-Mail Address	
Merchant Website Address	
Increase Average Ticket to	
Increase High Ticket to	
Increase Monthly Volume to	
Nature of Business	

Reason for change: _____

Signature of Authorized Merchant Principal

Date

Please send signed completed form to security@signaturepayments.com or via fax Attn: Risk Department. Allow 3 to 5 business days for processing. If you have any questions, please contact our office.

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