

COMS | Carmel's Online Merchant Services

Please complete the following information and fax to 1.800.427.0012.

Merchant Code _____
 Company Name _____
 Address _____
 City _____ State _____ Zip Code _____

CREDIT DECISIONS

Please select how you wish to receive your credit decisions:

I wish to receive credit decisions via EMAIL.

Please state email address: _____

I wish to receive credit decisions via FAX.

ONLINE ACCESS & AUTHORIZATION

The following individual(s) is allowed access to our online information. This includes contract information, funding amounts and paperwork requirements. **Note: Each name must have a unique email address.**

#1 -Name _____	#4 -Name _____
Their email address _____	Their email address _____
#2 -Name _____	#5 -Name _____
Their email address _____	Their email address _____
#3 -Name _____	#6 -Name _____
Their email address _____	Their email address _____

I hereby authorize the above information is true and accurate. I further state that I am authorized to make these changes for my organization.

Name - Printed _____ Title _____
 Name - Signature _____ Date _____