



TSYS Merchant Solutions, LLC,

as successor in interest to TSYS Business Solutions, LLC f/k/a TransFirst, LLC
12202 Airport Way, Suite 100
Broomfield CO 80021
Ph: 1-877-209-1360, Option #1
Fax: 303-482-8194

Reactivation Authorized Signer Add/Change Beneficial Owner Information Add/Change

Merchant Information

Merchant ID #: _____ DBA or Legal Name: _____

Taxpayer Identification Number: (Must be 9 digits) _____
Type of Taxpayer Identification: EIN ITIN Social Security Number Exempt Payee: Yes No 501(c)(3) Tax-exempt: Yes No
Type of Ownership: (Note: Any change to Tax ID or Type of Ownership requires a new merchant application)

Sole Proprietorship, Date of Birth _____ LLC Partnership Ltd Liability Partnership
 Government Entity Trust Professional Association Political Organization Public Corporation
 Private Corporation Non Profit Corporation Financial Institution Other: _____

Add/Change Authorized Signer (leave blank if there are no changes)

This is a Non-profit organization

Update Authorized Signer

Reason: _____

New/Add'l Signer Signature: _____

Add Additional Signer

Reason: _____

New/Add'l Signer Name:(please print) _____

New/Add'l Signer SSN: _____

Beneficial Owner Information Add/Change (leave blank if there are no changes)

A. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the legal entity or sole proprietorship for which the account is being opened.

Name of Owner	U.S. Person: Social Security Number Non-U.S. Person: Social Security Number, Passport Number and Country of Issuance, or other similar identification number ¹	Date of Birth	Percent Owned (%)	Residential Address, City, State, Zip	Residential Phone Number
	<input type="checkbox"/> U.S. Person <input type="checkbox"/> Non-U.S. Person				
	<input type="checkbox"/> U.S. Person <input type="checkbox"/> Non-U.S. Person				
	<input type="checkbox"/> U.S. Person <input type="checkbox"/> Non-U.S. Person				
	<input type="checkbox"/> U.S. Person <input type="checkbox"/> Non-U.S. Person				

B. The following information for one individual with significant responsibility for managing the legal entity listed above, such as: An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or any other individual who regularly performs similar functions. (If appropriate, an individual listed under section A above may also be listed in this section B.)

Name of Officer/Manager and Title	U.S. Person: Social Security Number Non-U.S. Person: Social Security Number, Passport Number and Country of Issuance, or other similar identification number ¹	Date of Birth	Percent Owned (%)	Residential Address, City, State, Zip	Residential Phone Number
	<input type="checkbox"/> U.S. Person <input type="checkbox"/> Non-U.S. Person				

¹ In lieu of a passport number, Non-U.S. persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard. Privacy Policy can be found at www.tsys.com.

Name and Title of person Opening Account who by signing page 5 of this application is certifying (i) that, to the best of his/her knowledge, the information provided in this section 3 is complete and correct, and (ii) that the information provided in Sections 1 and 2 about the legal entity for which the account is being opened is complete and correct.

Name: _____
Title: _____

The undersigned certify and affirm, under penalty of perjury, that all changes and/or instructions contained herein have been fully authorized and approved by the Board of Directors or other managing body or person of the Merchant. By selecting "New Authorized Signer" authorized signer section, Merchant agrees that the authorized signer on the initial merchant application is no longer authorized. Merchant agrees to all existing fees listed on their merchant account.

Authorized Signer

Merchant/Guarantor Signature: _____ Date: _____

If a change is being made to the authorized signer, please provide the signature and printed name of the current authorized person in this section.

Printed Name: _____

IMPORTANT: If you are currently accepting American Express through a direct relationship with this card brand, please contact them at 1-800-528-5200 to update your information. We are unable to effect this change on your behalf. Merchants that are processing American Express through TSYS Merchant Solutions, LLC, as successor in interest to TSYS Business Solutions, LLC, f/k/a TransFirst, no further action is required. If utilizing First Data Leasing please contact them at 1-877-257-2094 to update your information. We are unable to effect this change on your behalf.