



Never Compromise

LOCATION ID: \_\_\_\_\_

## ADD/UPDATE SITE CONTACT FORM

**FIS**  
**P.O. Box 290**  
**Milwaukee, WI 53201-0290**  
**TEL: 800-894-0050**

PLEASE COMPLETE THIS FORM AND RETURN IT TO **FIS MERCHANT SERVICES** USING **SECURE FAX 414-341-7085** OR MAIL THIS COMPLETED DOCUMENT VIA USPS:

**FIS**  
**ATTN: EBT MERCHANT SERVICES**  
**P.O. Box 290**  
**Milwaukee, WI 53201-0290**

**ORIGINAL business contacts information.**

Name of Business: \_\_\_\_\_

FNS Number / Location ID: \_\_\_\_\_

(7 digit USDA FNS license number)

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**NEW business contact name and title, to be added to the merchant profile.**

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_