



SAGE PAYMENT SOLUTIONS

Average Ticket Increase Request Form

Name of Business	
Application ID	
Merchant Identification Number	
Date Approved	
MCC Code	
Product Sold	
Merchant Type (Retail, MO/TO, or Internet)	
Contact Telephone Number	
Contact E-Mail Address	
Date Submitted	

Requestor: _____

AVERAGE-TICKET-INCREASE REQUEST PROCEDURE

Requests for increases will be considered only after the merchant has processed continually for at least 60 days since the account opened or since the last change was implemented.

Status	Signed	Requested	Approved (Yes or No)
Estimated Monthly Volume	\$	\$	
Estimated Average Ticket	\$	\$	
Maximum Sale	\$	\$	
Estimated Swiped Percentage	%	%	
Estimated Keyed Percentage	%	%	

Current Chargeback Percentage	%
Current Refund Percentage	%

Reviewer's Name	Title	Signature	Date:

NOTES:

Fax requests to: 703-848-1772
Or E-mail to: eftincrease@sagepayments.com (AS AN ATTACHMENT ONLY!)

Submit financial statements in accordance with Underwriting Guidelines.
Web page copies (If not in original file or if they have changed)
*****Please allow at least three (3) business days to evaluate your request.*****