

www.PayJunction.com

6 800-601-0230

805-243-0700

↑ 1903 State Street Santa Barbara, CA 93101

Limit Increase Form

All of the information that is listed below is required and must be completed. This request will not be effecti Ill of the required documents are provided and approved.	ve until
egal Business Name	
Merchant Number	
Please provide the following:	
. Bank Statements	
***3 Months bank statements matching your checking account on file with PayJunction.	
***Complete bank statements required (not just cover) we must be able to see daily activity.	
If your new High Ticket is greater than \$5,000, or your new Monthly Volume is greater than \$50,000, you must also provide:	
 A. 12-month financial statements for previous years to include the balance sheet and income statements. B. Year to date financial statements to include the balance sheet and income statement. Note: If any of these financial statements are audited (or prepared by an independent accounta please include any opinions and notes to the report. 	
lew Monthly Volume (Largest total dollar amount for transactions processed in a given month)	
lew Average Ticket (Average dollar amount for transactions that are processed)	
lew Maximum Ticket (Largest dollar amount for processing one transaction)	
hereby agree to and acknowledge the above change in terms and changes to the application I submitted and address that these changes are subject to final approval by the merchant bank.	and
Signature of Account Principal (Signer on the account) Date	
Print Name	





