

## Changes to Momentum Client ID

Client ID#: \_\_\_\_\_ User ID: \_\_\_\_\_

From a Start or End Shift docket (existing EFTPOS clients)		
Network Name:		
Merchant ID:		
Terminal ID(s):		
Client ID:		
Momentum Account Details:		
Company name or Surname		
Addressee or Given Names		
ABN:		
ACN (n/a if not applicable)		
GST Registered? (circle)	Yes	No
Accreditation number:		
Contact Details:		
Home phone:		
Business phone:		
Fax:		
Mobile Phone:		
Email address:		
	Street Address	Postal Address
Add1		
Add2		
Suburb		
State		
Postcode		
Payment Details:		
BSB:		
Account Number		
Account Name		
Bank Name		
Branch Location		

I certify that the above information is correct, and that I have the authority to request the above changes to my account.

\_\_\_\_\_  
(signed) (print name)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(date)

Complete this form and fax back to: (02)9332-9217