



**http://www.eProcessingNetwork.Com**  
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**Tech Support: 713-880-0327**  
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## **PASSWORD RESET REQUEST FORM**

This form is for authorizing **eProcessingNetwork** to reset the password on an **eProcessingNetwork** account to the password that your sales office originally issued you. For security purposes, a request to reset the password on an account cannot be accepted unless **eProcessingNetwork** receives **ALL** requested information, merchant completes **ALL** information below, and signature is verified by **eProcessingNetwork**.

**eProcessingNetwork** Username/Account Number: \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Merchant Account Number:** \_\_\_\_\_  
(12 to 16 Digit number)

I/we hereby request that the password used to access the **eProcessingNetwork** Internet Payment Gateway account listed above be reset to the password originally issued by my sales office. I have included with this Password Reset Request Form fax a copy of (please check one):

the original Merchant Account Application

the original **eProcessingNetwork** Merchant Service Agreement

Name(s): \_\_\_\_\_ ID Number: \_\_\_\_\_  
(Please print, must be same as signer(s) (Federal Tax ID or SSN)  
on merchant agreement)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_