



Please supply all information requested on this form. We may decline to process incomplete requests.

The completed form must be signed and dated by the Business' owner or authorized representative. For most businesses, this will be the individual who signed the Business' application for a Visa Business Credit Card Account. If you have any questions about who should sign this request, please contact us at the toll-free number shown below.

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

Visa Business Credit Card Account # \_\_\_\_\_

Business' Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

**Change of Address:**

Apply this change of address to (please select one):

All Cards for the Business identified above\*

The Cardholder Account specified below only:

Cardholder Name \_\_\_\_\_

Cardholder Account # \_\_\_\_\_

Old Phone # \_\_\_\_\_

New Phone # \_\_\_\_\_

Old Fax # \_\_\_\_\_

New Fax # \_\_\_\_\_

Old Physical Address \_\_\_\_\_

New Mailing Address \_\_\_\_\_

Old Mailing Address \_\_\_\_\_

New Phone # \_\_\_\_\_

Old City \_\_\_\_\_

New City \_\_\_\_\_

Old State \_\_\_\_\_

New State \_\_\_\_\_

Old Zip \_\_\_\_\_

New Zip \_\_\_\_\_

By signing below, the Owner/Authorized Representative: (a) Certifies that he/she is authorized to act for the Business on the Account designated above; and (b) Requests BBVA USA to change the address of the Cardholder and/or Business identified above.

Signature of Owner/Authorized Representative: \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Valued Business Client: Please submit this form via the following methods:

**Fax Number**  
205-524-4010

**By Mail**  
BBVA USA  
P.O Box 10008  
Birmingham AL 35202-0008

**Customer Service**  
Please call 1-800-316-0207 for assistance with your  
BBVA Visa Business Credit Card Account

*All BBVA Employees please submit this form in Client Vista*