

# MERCHANT SURCHARGE NOTIFICATION FORM

Merchants who intend to surcharge Discover® transactions must provide notice directly to Discover and the merchant's acquirer 30 days before beginning to surcharge. Please submit the form below to notify Discover of your intent to surcharge along with notifying your acquirer and / or ISO.

**\*Indicates required field.**

## CONTACT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Legal Name*	Phone Number*	Contact First Name*	Contact Last Name*
<input type="text"/>	<input type="text"/>		
Contact Email*	Email Confirmation*		

## MERCHANT LOCATION(S) INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of Locations	Discover Merchant ID	Street Address	City	State	Zip Code	

### Sales Channels Surcharging:

*Select all that apply*

Retail  Mail Order  eCommerce  Telephone Order

### Surcharging All Discover Credit Cards or Specific Discover Credit Products:

*Select all that apply*

Credit  Commercial Credit

### Other Brands Accepted:

*Select all that apply*

American Express  MasterCard®  PayPal  Visa®

JCB  Other

If Other (please specify):

## ACQUIRER / PAYMENT SERVICE PROVIDER / ISO+

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Contact First Name	Contact Last Name	Phone Number
<input type="text"/>			
Contact Email			

The information you submit on this form will be used by Discover for internal business purposes and not shared with third parties unless required by law. Upon completion, please submit this form to [discoversurcharge@discover.com](mailto:discoversurcharge@discover.com)