



Sign and fax the completed form to 1-480-449-8823. E-mail: clientsupport@ccbill.com for assistance.

ACCOUNTS SPLIT REQUEST

If you require assistance with this form, please contact accounting for clarification.

_____ Split CCBill fees (fees are not split by default)
_____ Split partner payout (payouts are not split by default)

Account number: _____ Subaccount: _____

Email address: _____

Name on main account: _____

Percentage: _____

Address: _____

City: _____ State: _____ Zip code: _____

Country: _____ Tax ID (U.S. only): _____

Name of person(s) to split: _____

CCBill account number (optional): _____ Percentage: _____

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Country: _____ Tax ID (U.S. only): _____

Name of person(s) to split: _____

CCBill account number (optional): _____ Percentage: _____

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Country: _____ Tax ID (U.S. only): _____

Account Holder's Signature: _____

Date: _____

All requests need to be filled out and faxed to 1-480-449-8823. Please do not assume a change has been made unless you receive an email confirmation.