

TRADING (DBA) NAME AND ADDRESS CHANGE REQUEST

Please fill out in capital letters

Merchant Number:

Ticket Number:

New address should be used for following correspondence:

Statements Chargeback Notifications All other, please specify

New Trading Name: _____

New Trading Address: _____

New Legal Entity: Yes No

New Owner: Yes No

Business Type: Limited Company Partnership Sole Trader Other (please specify)

Contact Name: _____

Contact Telephone Number: _____

I hereby confirm that I am authorized to sign on behalf of the company in relation to this request.

Authorised Signature: _____

Printed Name: _____

Position in Company Director Partner Owner

Return Address: Elavon Merchant Services
PO Box 466
Brighton BN50 9AW
United Kingdom

Fax: 0044 (0) 1273734017

Email: documents@elavon.com

I confirm that the above changes can be shared with my referral partner and any relevant third party entity used by Elavon to process the new details