

Change of Name/Address Retail Merchant Services

Merchant Number:									
Merchant Name:									
<u>Authorised Signature:</u>									
(This must be one of the following: <u>Director, Partner, Owner</u>)									
Printed Name:									
Position in Company:	Director □	Partne	r 🗆		Owner				
Business Type: Ltd Co. □ Sole Trader □ Partnership □ Other □									
New Trading Name									
New Trading Address									
1 st Line of the Address									
2 nd Line of the Address	 ;								
Town									
County									
Post Code									
Return Address:	Retail Merch	ant Services							
	Matrix Hous	se							
	North Fourth Central Milto								

To Change your Details with Global Payments, you must contact them directly, they can be contacted on:

MK9 1NJ

0345 702 3344

