



Trading (DBA) Name and Address Change Request

Please fill out in capital letters

Merchant Number:

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Ticket Number :

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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 (this must be one of the following: Director, Partner, Owner)

Return Address:

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

Fax:

0044 (0) 1273734017