



Transaction Reprocessing Request

Please fill out in capital letters

Merchant Number:

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Ticket Number:

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Transaction authorised online:

Yes

No

Original transaction date exceeds 30 days:

Yes

No

Reprocessing reason:

Contact Telephone Number:

Authorised Signature:

Should the reprocessing request refer to any transaction not authorised online or exceeding timeframe of 30 days from original transaction date I agree to take the liability for any chargeback that may possibly occur.

I hereby confirm that I am authorised 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)

PLEASE NOTE:

We **CANNOT** reprocess a transaction **WITHOUT** the following:

- Attached transaction receipt (signed or PIN verified by the cardholder)

Return Address:

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

Fax:

0044 (0) 0 1273734017