



ELAVON BEST RATE CLAIM FORM

CARDHOLDER DETAILS

First name:

Last name:

Street:

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City:

Postcode/zip code:

State (if applicable):

Country:

Telephone:

Email address:

TRANSACTION DETAILS

Date of transaction:

Name of business where transaction was carried out:

Location of business:

Authorisation code (from transaction receipt):

PLEASE PROVIDE THE FOLLOWING DOCUMENTATION WITH YOUR CLAIM:

- Copy of transaction receipt (please ensure that the copy is clear).
- Copy of your credit or debit card statement clearly showing another transaction carried out on the same day using the same credit or debit card which was converted at a more favourable rate than that offered by Elavon.

The collection and use of personal data via the Elavon Best Rate Claim Form is governed by the Elavon Privacy Policy which can be found at www.elavon.co.uk

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Email all documentation to:

 DCCBestRate@elavon.com