



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.

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Email all documentation to:

 DCCBestRate@elavon.com