



## ELAVON BEST RATE CLAIM FORM

### CARDHOLDER DETAILS

First name: .....

Last name: .....

Street: .....

.....

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.



**Email all documentation to: [DCCBestRate@elavon.com](mailto:DCCBestRate@elavon.com)**

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