Reset 701

Payment Services

Partner/Account ID

# Change Form (EULUX)

**Please submit to:**
**E-mail: info.cwe@six-payment-services.com; Fax: +49 69 95 932 2726**
**For e-commerce: onlinepayment@six-payment-services.com**

## Merchant

For queries Phone E-mail

Company data (new) Street/no.
Postal code/city Country
Phone E-mail
www.
Legal form VAT ID

Contact person (new) ☐ Headquarter ☐ Branch/location Replacement for
☐ Ms ☐ Mr First name Last name Function
Phone E-mail

Short address For cardholder statement (max. 21 characters)

## Legal representative (new)

Replacement for
☐ Ms ☐ Mr First name Last name
Phone Function

Private address Street/no.
Postal code/city Country

**Please enclose a copy of a valid personal document (passport, ID).**

## Existing terminal location (new details)

TID(s)

☐ As company address Commercial name
Street/no.
Postal code/city Country

Sales slip (new) Commercial name, postal code and city as location address (max. 24 characters per line)

## Account data (new)

☐ Additional ☐ New, replacing account ☐ Main Merchant account ☐ Branch account

Currency Financial institution BIC/Swift (8 or 11 digits)
Postal code/city Country
IBAN

Account holder
Street/no.
Postal code/city Country

**Please enclose confirmation of bank relation or recent account statement.**

## Correspondence (new)

Language English ☐ To main Merchant address ☐ To addresses according to attached list

Differing address
☐ Correspondence/P. O. Box
☐ Invoices
☐ Chargebacks
☐ Reimbursement notices PDF

Company FAO
Street/no.
Postal code/city Country
E-mail ☐ new ☐ additional

Reimbursement notice type (new):
☐ Reimbursement summary by branch (recap) ☐ Transaction level (detailed)
☐ Daily closing level by branch (summary)

The Merchant confirms the accuracy of the aforementioned data. **Changes valid as from** DD . MM . YYYY
SIX Payment Services is entitled to invoice the Merchant for the expenses associated with these changes.

| Date and place | Signature(s) of the Merchant's legal representative(s) * |
|---|---|
| DD . MM . YYYY , | |

* First and last name(s) in block letters