

Change contact details

Use this form to change your address as registered at European Merchant Services (EMS).

Compulsory fields are indicated by an *

Your registration no*: _____

(The EMS Registration Number can be found on your Acceptance Agreement or in the description of EMS payments on your bank statement after 'Merchant ID').

Customer details

Trade name* _____ *Maximum of 22 characters*

Legal name* _____ *Maximum of 35 characters*

Contact person* Mr. Mrs. _____

E-mail address* _____

Business address* _____

Postal code and city* _____

Telephone number* _____

Fax number _____

Mailing address* _____

Postal code* _____ City _____

New details

Contact person* Mr. Mrs. _____

Business address* _____

Postal code and city* _____

Telephone number* _____

Fax number _____

Mailing address* _____

Postal code* _____ City _____

E-mail address* _____

Please use this mailing address for:

<input type="checkbox"/> VAT invoices	<input type="checkbox"/> Chargeback notifications	<input type="checkbox"/> My EMS
<input type="checkbox"/> General communication	<input type="checkbox"/> All mentioned	

New address valid starting* (dd-mm-yyyy) _____

Date of signature (dd-mm-yyyy) _____

Name of authorized signatory* _____

Signature* _____

Note:

We can only process this form if all the correct fields have been completed properly.

- This form must be signed by an authorized signatory.

Please send the change form to European Merchant Services, P.O. box 22764, 1100 DG Amsterdam. Or send it by e-mail to account@emspay.eu