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First Data Merchant Solutions

Statement request form

Please use this form to request a copy of your statement(s) by email. Once completed please email to posdeployment@firstdata.com.au.with the subject heading *Statement Request. * Denotes a required field*

Merchant Details

Merchant Number/s*

Merchant Trading Name*

Merchant Trading Address

Suburb | State | Postcode | Phone Number

First Name* | Last Name*

Email Address*

Requested Statement Details

Statement Month/s* | Statement Year*

Director / Partner / Sole Proprietor / Authorised Representative

By signing this form I/we authorise First Data Merchant Solutions to action this request

Name* | Name

Date* (dd/mm/yy) | Date (dd/mm/yy)

Signature* X..... | Signature* X.....

Print Form

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