



**Request Copy of Past Statements Form**

In order to comply with **security / privacy** standards, you must submit this request **in writing** and **fax** directly to our Support Department with a copy of your **DRIVERS LICENSE**.

**Please use this form to request copies of past Monthly Visa/MC Statements**

This request can only be made by the actual **Signer** on the Merchant Account Agreement.

**Our fax number is: 866.431.4138**

**Required information:**

Merchant **Doing Business As** Name \_\_\_\_\_

Your Name \_\_\_\_\_

Title \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_

LOGIN ID of your Gateway \_\_\_\_\_

Merchant ID Number: \_\_\_\_\_  
(your merchant ID Number can be found on the Monthly Visa/MC statement that is mailed to you)

**Fax number to Fax Statement to:** \_\_\_\_\_

**Please describe why you need copies of past Visa/MC Monthly Statements and which months you are requesting:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I expressly authorize **AuctionCheckout** or its affiliates to **fulfill the above request** in connection with my Merchant Account and/or Payment Gateway account. (All information will be maintained strictly confidential.)

X

**Owner/Officer Signature**

**Date**