



VISA/MasterCard Merchant Account – Closure Form

Merchant Name: _____

Merchant Account Number: _____

Reason For Closure: (Reason must be checked in order for account to be properly closed)

- Do not Need Credit Card Services
- Out of Business
- New Business Ownership
- Chose Different Credit Card Processor
- Misrepresentation
- Other (please specify): _____
- Fees Too High
- Poor Service from Customer Service
- Poor Service from Terminal Support
- Poor Service from Sales Representative
- Bankruptcy

NOTE: If you are canceling your **American Express** or **Discover** merchant account, please contact their office at:
American Express: (800)-528-5200 / Discover: (800) 347-2000

Wireless Terminal Accounts: Please provide the following information located on the bottom of the machine for deactivation: ESN#: _____ MAN#: _____

Transaction Manager, Transaction Pro, or Merchant Manager Enterprise Subscribers:

Please provide the following information for cancellation:

Username: _____ Password: _____

**Please be aware that there may be a termination fee applied to your account as specified in your Merchant Processing Agreement.*

Signature of Authorized Principal #1 (as specified on the Merchant Application/Agreement)

Date

Signature of Authorized Principal #2 (as specified on the Merchant Application/Agreement)

Date

****If you would like to receive confirmation for your request, please provide your:**

Phone: _____ Fax: _____ or Email Address: _____

FOR OFFICE USE ONLY

Date Received:	Received By:	Comment(s):
Date Verified:	By:	
Processing Fee Collected: YES or NO		
Date Approved:	By:	
Date Processed:	By:	

PLEASE FAX FORM TO (310) 846-2493 OR (310) 846-2494

If you should have any questions regarding this form, or do not receive a confirmation for your request, please contact our Merchant Services Department at (800) 325 – 4021, option 1.