

CLOSE MERCHANT ACCOUNT REQUEST FORM

IMPORTANT! Please read before proceeding. All information listed is required and must be completed. Please fax this request form to 866.909.6598 or email to accountservices@clearent.com.

Business Name: _____

Merchant Number: 6588000000 _____

Last 6 Digits of Merchant Number

Merchant Name: _____

Merchant Phone: _____

Reason for Closure

- | | |
|---|--|
| <input type="checkbox"/> Do Not Need Credit Card Services | <input type="checkbox"/> Out of Business |
| <input type="checkbox"/> New Business Ownership | <input type="checkbox"/> Insufficient Products |
| <input type="checkbox"/> Misrepresentation | <input type="checkbox"/> Dislike Merchant Statements |
| <input type="checkbox"/> Fees Too High | <input type="checkbox"/> Poor Service from Clearent |
| <input type="checkbox"/> Poor Service from Sales Representative | <input type="checkbox"/> Other |

Please Provide Additional Detail: _____

NOTE: Reason must be checked in order for your account to be properly closed. If the account is closed before the three-year agreement expires you may be subject to an early termination fee.

By signing below I certify the Sales Representative and/or Company that sold me Clearent's Merchant Account has not solicited or sold me processing from a competitor. In addition, if any false information is provided you may be charged an Early Termination Fee.

X _____ Date: _____

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

NOTE: If you accept AXP (800.528.5200), you must contact them directly to cancel. Authorize.net and ePN gateway merchants must contact their gateway provider directly to close their account. Clearent does not have the ability to close any 3rd party relationships.