



REQUEST TO CLOSE CARD PROCESSING ACCOUNT

Date: _____

To: Card One International

From (Authorized Signer): _____

Company Name: _____

Merchant ID Number: _____

Telephone: _____

Fax: _____

Please accept this 30-60 day notice to close our merchant card processing account with Card One. We understand our responsibility to maintain and fund any and all deposit and fee accounts in accordance with our Merchant Agreement. Until such time, as all fees / chargebacks and our agreed Schedule A terms associated with our merchant service have been collected.

Reason for closure:

Our current deposit and fee account on record with Card One will remain active: _____ YES
(if no, please attach voided check indicating new information)

Authorized Signature: _____ Print Name: _____ Date: _____

Instructions: Complete form and fax to (310) 826-5100