



Toll-Free : 800-546-1997  
Fax : 877-734-6506  
Email : support@merchantplus.com

# MERCHANT ACCOUNT REACTIVATION REQUEST FORM

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**IMPORTANT - PLEASE READ BEFORE PROCEEDING:**

ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED.

Thank you for your cooperation.

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**Merchant Name:** \_\_\_\_\_ **Merchant Number:** \_\_\_\_\_

By signing below as the authorized principal of the above business establishment, I agree to reactivate my merchant account and all the fees stated on the Merchant Application and Agreement will apply upon reactivation. I understand that a one-time fee of \$25.00 will be charged to reactivate my merchant account.

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Signature of Authorized Principal: \_\_\_\_\_ Date: \_\_\_\_\_  
(as specified on the Merchant Application/Agreement)

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

MerchantPlus LLC - 29 Broadway, 30th Floor, New York, NY 10006

MerchantPlus is a registered ISO/MSP of Wells Fargo Bank, N.A., Walnut Creek, CA  
Bank is FDIC Insured