



Toll-Free : 800-546-1997
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TEMPORARY/SEASONAL CLOSURE REQUEST FORM

IMPORTANT - PLEASE READ BEFORE PROCEEDING:

ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED.

Thank you for your cooperation.

Merchant Name: _____ **Merchant Number:** _____

Please change the status of my merchant account to a seasonal/temporary closure.

I understand that my monthly fees will be adjusted to a \$10.00 statement fee and a \$1.00 monthly minimum discount fee. I further understand that I will be required to submit a written request to reactivate my merchant account and allow Merchant Services ample time to re-establish my ability to accept and process credit card transactions. I acknowledge that when I reactivate my merchant account that the statement fee and monthly minimum discount fee will be re-established at the amounts prior to the temporary/seasonal closure.

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

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