



Partner Account Closure Request

Company Name

Partner ID

Date to Close Partner/Org Account

We care about and appreciate your business. Please help us to better understand the reason for your closure request by selecting a reason below:

Please check all that apply

Pricing

Lack of volume

Went with another partnership

Business closing

System/Processing issues

Merchants don't use

Comments/Feedback:

Please share any additional feedback you have regarding the reason for your closure.

Will Account be Retired or Deleted?

Individual Submitting Request - Role in Company

Phone Number

Email

As a duly authorized signer for (insert below); I authorize Forte to close our Partner Account.

Name

Title

First Name

Last Name

Signature

Please sign above.