Merchant Account Re-Open
Request Form

Merchant Name: _____

Merchant Number: _____

Reason for Re-Open:

_____
_____
_____
_____
_____
_____
_____
_____

Note: Reason must be stated in order for account to be properly opened. Thank you.

_____   _____

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

_____   _____   _____

Printed Name   **Phone**   **Email Address**

Please fax this request form to our customer service team at: 1-877-537-9485.

Please contact our customer service department at: 877-267-4324 or at customersupport@cmsonline.com with any questions.