



Date: _____

To: NPC

To Whom It May Concern,

I hereby request that the merchant processing account
for _____, MID _____
Business name Merchant number

Please re-open account immediatly

Sincerely,

Signature of Authorized Signer on Account

****Please complete and sign this form and fax to Attn: Vinnie Elliott
at 781-828-0449 to process this request for your
Visa/MasterCard account.