



SITE TERMINATION REQUEST

Fax to: _____ Fax #: _____

- 1. Complete parts A and B. CSR (office use only):
- 2. Be sure to sign the form and keep a copy for your records.
- 3. Fax completed form to: Wright Express Merchant Services 1-207-523-7616.

A. MERCHANT INFORMATION

Merchant Name:	WEX Site ID Number:		
Site Phone Number:	Site Fax Number:		
Mailing Address:			
Street	City	State	Zip
Physical Site Address:			
Street	City	State	Zip

B. TERMINATION REQUEST

Please provide a brief description of why you are closing the account:	
Printed Name of Original Contract Signer	
X	
Signature of Original Contract Signer	Date

C. 1099K CONTACT INFORMATION

Please provide an active mailing address and phone number for receiving 1099-K reporting in January.

Mailing Address:			
Street	City	State	Zip
Phone number: _____			

The information contained in this facsimile message is intended only for the use of the individual or entity named above and contains confidential information. If the recipient of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by calling 1-800-492-0669 and return the original message to the attention of the sender at the above address. Thank you.