



# CLOSE BUSINESS CARDHOLDER ACCOUNT REQUEST FORM

Please complete this form if an existing Collabria Business cardholder is no longer employed with your company. Although the account will be closed, you are still responsible for any outstanding balance. If fraud is suspected on this account, please call 1-855-341-4643 immediately.

## COMPANY INFO

\_\_\_\_\_  
Cardholder Name

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Credit Card Account Number

## CARDHOLDER INFO

\_\_\_\_\_  
Cardholder Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Mother's Maiden Name

\_\_\_\_\_  
Phone Number

## REQUIRED AUTHORIZATION

\_\_\_\_\_  
Signature of Authorized Business Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Business Representative