



## Account Cancellation Form

Name: \_\_\_\_\_ SAM ID: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

Cancellation Date: \_\_\_\_\_ Database Delivery Date: \_\_\_\_\_

Practice/Company Name: \_\_\_\_\_

Database Name: \_\_\_\_\_

Invoice Number: \_\_\_\_\_  On Hold  Paid

### Delivery Option:

Data Dump  TMD Essentials  CSV Export

Completed By: \_\_\_\_\_

Date of Deletion of Data from Server: \_\_\_\_\_



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