

## Seasonal Customer – Service Reactivation Form

Date			
Merchant number (10 digits)		Merchant name	
Address		Province	
City		Postal code	
Contact		Phone number	

I wish to reactivate my merchant account and my terminal.

Terminal number (8 digits)	
Terminal serial number	
Service reactivation date	
Credit acquirer	
Visa merchant number	
MasterCard merchant number	

"I, \_\_\_\_\_, responsible for the referenced merchant account, am authorized to take the above decision."

Owner's signature		Date	
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**Internal use only**

Approved by

Date