Cancellation

Fax to (775) 796-6005

GENERAL CLIENT INFORMATION

Company Name: _____ **Practitioner Name:** _____

Phone: _____ Email Address: _____

Provide valid email addresses

DOMAIN INFORMATION

Web Site Address: _____

Extra URLs: _____

_____

CANCELLATION FOR WEB SITE SERVICES

By requesting this cancellation I am agreeing to the following terms:	Initial
1. Cancellation will be processed within 30 days from receipt at UWWW.	_____
2. This written request satisfies the 30-day cancellation notice as per agreement.	_____
3. Any scheduled recurring charges within the 30 days will remain in effect.	_____
4. I understand that my agreement may have a cancellation fee. Full payment is required within 10 business days from submitting this cancellation.	
5. I understand that it is my responsibility to get the full cancellation balance / pay-off amount.	_____
6. I agree to pay the cancellation pay-off in the amount of: $_____	_____
7. Payment will be made by: ___ credit card on file ___ cashiers check ___ money order **Cashiers check and money order must be mailed at the address below.**	_____
• Accounts that have satisfied all payment requirements will be released immediately. • Accounts with outstanding balances will need to be settled prior to release. • Accounts that do not satisfy the terms of their agreement take the risk of: a. Suspension until the account is settled b. Permanent Domain revocation c. Collections	

No reimbursements, pro-rates or credits will be made for failure to send in cancellation prior to the close of the recurring bill cycle.

Mail payment to:

ULTIMATE WELLNESS WEB SITES, LLC
511 W. Palomino Dr.,
Chandler, AZ 85225

_____ _____

Signature Date

Do not write below this line – Office Use Only

Receipt	Balance Verification	Domain Status	Web Site Status	Billing Status	Termination Date