



ACCOUNT DELETION FORM

DEALER INFORMATION

Dealer Number _____ Dealer Name _____ Submitted By _____ Date Submitted _____

Account Deletions are critical - Please be sure to write legibly and check the data furnished to avoid mishaps

ACCOUNTS TO BE DELETED

Receiver Disconnected

Account #	Account Name		✓		✓
		Y		N	
		Y		N	
		Y		N	
		Y		N	
		Y		N	
		Y		N	
		Y		N	
		Y		N	
		Y		N	
		Y		N	
		Y		N	
		Y		N	
		Y		N	
		Y		N	
		Y		N	
		Y		N	
		Y		N	
		Y		N	
		Y		N	
		Y		N	
		Y		N	
		Y		N	
		Y		N	
		Y		N	
		Y		N	
		Y		N	
		Y		N	
		Y		N	
		Y		N	
		Y		N	

COMMENTS

VERIFICATION

Person verifying deletions _____ Date Work Performed _____