

**YOU WILL RECEIVE CONFIRMATION OF CANCELLATION
 WITHIN 2 BUSINESS DAYS.**

**IF YOU DO NOT RECEIVE THIS, PLEASE CONTACT US
 VIA TELEPHONE OR TICKET SYSTEM.**

**3109 Grand Ave., Suite 455
 Miami, Florida 33133 USA
 +1 305 324 1616**

REQUEST FOR CANCELLATION OF SERVICE

* Designates Required Fields. Requests with incomplete information, a copy of Photo ID, and a copy of your credit card will NOT be processed.

CUSTOMER IDENTIFICATION	
Client ID (Number) _____	Registered Customer Name * _____
Registered Company Name * _____	Complete Telephone Number * _____
Address * _____	Fax _____
City/State/ * _____	Country * _____
Postal Code * _____	Registered Email Address * _____

Services Requested to be Cancelled		
Package Type * _____	Package Description * _____	Price * _____
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Package Type * _____	Package Description * _____	Price * _____
Package Type * _____	Package Description * _____	Price * _____

Reason for Canceling

Service Not Needed Anymore Lack of Technical Skills Not Satisfied (Please explain): _____

Credit Card Information for Final Bill	
Type of Credit Card *: _____	Name on Credit Card *: _____
Billing Address *: _____	Billing City*: _____
Billing State *: _____	Billing Postal Code*: _____
Billing Country *: _____	
Credit Card Number *: _____	Issuing Bank *: _____
Credit Card Expiration Date *: _____	Credit Card Security Code *: _____

By signature below, Customer authorizes Infolink Communication Services Inc. ("Infolink"), d/b/a "ServerPronto", its affiliates, successors, and assigns to cancel the services listed above. Customer understands that 30 days written notice (correspondence delivered via e-mail will not be accepted for security reasons) is required, per our terms and conditions, prior to the actual cancellation of service(s); this form serves as this notice. Furthermore, customer agrees that the above credit card will be charged for the customer balance at the time of the receipt of the cancellation notice including any unbilled charges for any remaining term and any applicable cancellation fees, and agrees that this cancellation request is not final until the charges for the final bill are successfully charged to the above credit card account. Customer is required to provide a photocopy of a government issued photo identification, as well as a photocopy of the front and back of the credit card listed above.

 Company Name*

 Date *

 By/Title * (Print Name and Title)

 Authorized Signature (required)

- (*) Required fields – application cannot be processed without information.
- A photocopy of a government issued photo identification and a photocopy of the front and back of the credit card to be charged must be attached to this "Request for Cancellation of Service". Requests without this will NOT be processed.
- NAME ON CREDIT CARD MUST MATCH CUSTOMER NAME. If this is not possible, please request a separate credit card authorization form.
- This request can be faxed to +1 305 324 1919 or mailed to ServerPronto, 3109 Grand Ave, Miami, FL 33133 USA. For security reasons, REQUESTS SENT BY OTHER MECHANISMS (E-MAIL) WILL NOT BE PROCESSED.
- You will receive a confirmation of processing within 2 business days of this forms receipt. IF YOU FAIL TO RECEIVE THIS, WE MOST LIKELY HAVE NOT RECEIVED YOUR FORM. PLEASE CONTACT US TO LET US KNOW VIA PHONE OR TICKET SYSTEM.
- You will not receive any notification if you have submitted an incomplete form, or you did not attach the required documentation, and, YOUR CANCELLATION REQUEST WILL NOT BE PROCESSED.