

## Request for Account Cancellation

Account Cancellation	Re	Request for Account Cancellation			
	Last Name, First Name of Account Holder				
Check the type of account you have  Customer	Legal Business Name (required for Commercial Purchasers)				
Commercial Purchaser	Name of Authorized Person Cancelling Account (if not Account Holder)				
BO must use IBO Cancellation Form	Conklin ID#				
	Email (for confirmation of cancellation)	Phone			
Reapplying after Cancellation After cancelling their Independent Business Owner Agreement, the former Independent Business Owner may not have any purchasing activity one year from the date of cancellation before	Please initial each item below to indicate your understanding and agreement of Conklin's cancellation policy.				
submitting another Independent Business Owner Application & Agreement.	Upon cancellation, your rights and privileges under your Agreement cease.  Product discounts and training credits also dissolve with cancellation.				
	Deposit account funds will be disbursed according to company policy.				
	Cancellation does not negate any remaining account balances due.				
Submitting this Form Please allow 24 hours for processing.					
Email to enroll@conklin.com	By my signature. I confirm that th	e ahove information is co	rrect that I am authorized to ma	ike transactions	
Fax to 952-496-4280	By my signature, I confirm that the above information is correct, that I am authorized to make transactions in this account, and request cancellation of the Conklin account indicated above.				
Mail to Business Marketing Dept					
Conklin Company, Inc. 3951 NE Kimball Drive Kansas City, MO 64161	Signature of Account Holder or A	uthorized Person	Date		
Questions 952-496-4232					
	Date Received Via	OFFICE USE ONL			