



## MERCHANT ACCOUNT REACTIVATION REQUEST FORM

**IMPORTANT - PLEASE READ BEFORE PROCEEDING:  
ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED.  
PLEASE FAX THIS REQUEST FORM TO DATA PROCESSING AT (800) 566-8528.  
THIS REQUEST WILL NOT BE EFFECTIVE UNTIL THE REQUIRED  
DOCUMENTS ARE PROVIDED AND APPROVED.**

*Thank you for your cooperation.*

Merchant Name: \_\_\_\_\_

Merchant Number: \_\_\_\_\_

By signing below, I agree to reactivate my merchant account and acknowledge that all fees set on the merchant account prior to the closure of the account will apply upon reactivation.

\_\_\_\_\_  
**Signature of Authorized Principal**  
(as specified on the Merchant Application/Agreement)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Email Address**

**Note: The request for reactivation must be faxed to (800) 566-8528.**

If you should have any questions, please contact our Merchant Services department at (800) 396-5660 or email [contact@nationalpaymentprocessing.com](mailto:contact@nationalpaymentprocessing.com).