

March 9, 2001



Web Site Deactivation Form

PLEASE FILL FORM IN COMPLETELY:

Associate Number:	Date:
Phone:	Fax Number:
Associate Name:	Email Address:
Name of Store:	
http://www.choicemall.com/	

I, the above named Associate, hereby request that my web site (named above) be DEACTIVATED from CHOICEMALL. I understand that deactivation will take place within 48 business hours of ChoiceMall's receipt of this request. I understand that my web site will not be deactivated until I sign below and return this form to ChoiceMall.

NOTE: ChoiceMall's billing system is on a monthly, pre-pay basis. Payments made prior to your written request for deactivation of your site will not be refunded.

PLEASE INDICATE REASON FOR DEACTIVATION:

Signature: _____

Date:

ChoiceMall

800 – Fifth Avenue, Suite 101-123 • Seattle, WA 98104

Phone: (800) 970-5999 • Fax: (800) 581-3648

Email: support@choicemall.com