



## CANCELLATION REQUEST FORM

Email the completed form to [retailer.enquiries@flexicards.co.nz](mailto:retailer.enquiries@flexicards.co.nz) or fax: 09 580 7254

For any questions please call: 0800 22 22 55

### MERCHANT DETAILS:

Merchant Name*:			
Merchant Number*:		Merchant Location:	
Staff/Representative*:			
Phone*:	STD	DDI	EXTN
Email*:			

### CUSTOMER DETAILS

Customer Card Type*:	<input type="checkbox"/> Q MasterCard <input type="checkbox"/> Q Card <input type="checkbox"/> Flight Centre MasterCard		
Customers Full Name*:	Salutation	First Name	Middle Name
	Last Name		
Provide at least one*:	Customer ID (Q Mastercard & Flight Centre Mastercard only):		
	Application Number:		
	Sales Voucher Number (Q Card only):		
Original Purchase Date*:	DD	/	MM / YY
Original Purchase Amount To Be Cancelled*	\$	New Purchase Amount (if applicable):	\$
Reason For Cancellation*:			

Merchant Representative Signature*:		Date:	DD / MM / YY
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\* Mandatory fields are mandatory. Failure to complete could result in your request not being processed. Retain a copy of this form for your records and provide a copy to the customer.