



**For CMS Office Use Only:**

Date CMS Received: \_\_\_\_\_ DDA: \_\_\_\_\_

Date Change Made: \_\_\_\_\_ By: \_\_\_\_\_

Date Scanned: \_\_\_\_\_ Sent NBCal: \_\_\_\_\_

## Merchant Account Seasonal Form

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

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

I want my account OPEN(In Season) ☐ Please CLOSE my account (Off Season) ☐

Brief description of business and why your account needs to be seasonal:

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\_\_\_\_\_  
**Signature of Authorized Principal**

(as specified on the Merchant Application/Agreement)

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

\_\_\_\_\_  
**Printed Name**

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

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

Please fax this request form to our customer service team at: 1-877-537-9485.

Please contact our customer service department at: 877-267-4324 or at [customersupport@cmsonline.com](mailto:customersupport@cmsonline.com) with any questions.