Ref No: _____

Service Cancellation Request Form

Service Details	
Customer Name	
Contact Person	
Phone	
Fax	
E-Mail	
Client ID	
Domain Name / IP	
Service Request Description Date Cancellation Service	

**Note: Cancellation order must be send by fax. We will proceed within 72 hours after your request. Thank You.*

Customer Confirmation

_____ Date

_____ Company Chop & Authorized Signature

Please Fax this Form to Intermediation LLC JPstream Internet. Our Customer Service will confirm your request within 1 working day.

Intermediation LLC
JPstream Internet Solutions

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URL: http://www.jpstream.net E-Mail: cec@jpstream.net