

REQUEST TO CLOSE AN ACCOUNT

I, _____, authorize A30 Express to deactivate my associated transponder (s) and to close my account # _____

This closure will be credited to the following credit card within 72 hours of receipt of the request at our office.

Credit card type: _____ Visa _____ Mastercard _____ Amex

Name of the holder: _____

Credit card number: _____

Expiration Date: _____ cvv : _____

Amount to be credited : _____

Vehicule brand: _____ Plate: _____

Number (s) of the transponder (s):

Signature of account holder

Please send us the document to: services@a30express.com

Thanks, and have a safe trip!

Customer service

