

INDEPENDENT BUSINESS OWNER CANCELLATION FORM

You MUST complete this form (date, name, address, rep id#, start date & signature) and fax it to [\(704\) 260-3652](tel:7042603652). It MUST be faxed within 10 business days from your start date to receive a refund of \$499.

Today's Date: _____

To Whom It May Concern:

My name is _____.

My address is _____.

My IBO # is _____. My start date was _____.

At this time ACN is not a fit for me. I would like a full refund placed back to my credit card.

Thank you,
