



Visa Business Credit Card Account Request to Close Cardholder Account

Please supply all information requested on this form. We may decline to process incomplete requests.

The completed form must be signed and dated by the Business' owner or authorized representative. For most businesses, this will be the individual who signed the Business' application for a Visa Business Credit Card Account. If you have any questions about who should sign this request, please contact us at the toll-free number shown below.

Name of Business _____

Visa Business Credit Card Account # _____

Business' Mailing Address _____

City: _____ State: _____ Zip _____

Cardholder Account to be closed:

Cardholder Name _____

Cardholder Account # _____

Business' Mailing Address _____

City: _____ State: _____ Zip _____

By signing below, the Owner/Authorized Representative: (a) Certifies that he/she is authorized to act for the Business on the Account designated above; (b) Requests BBVA USA to close the Cardholder Account indicated above; and (c) Acknowledges that closing the individual Cardholder Account does not close the Business' Account with BBVA USA.

Signature of Owner/Authorized Representative: _____

Printed Name _____ Phone Number _____

Title _____ Date _____

Valued Business Client: Please submit this form via the following methods:

Fax Number
205-524-4010

By Mail
BBVA USA
P.O Box 10008
Birmingham AL 35202-0008

Customer Service
Please call 1-800-316-0207 for assistance with your
BBVA Visa Business Credit Card Account

All BBVA Employees please submit this form in Client Vista