



Credit Services, P.O. Box 5017 Boca Raton, FL 33431-0817

Date: \_\_\_\_\_

**RE: Closing Office Depot Credit Card**

Attention:

Effective immediately \_\_\_\_\_  
Customer Name

is requesting that you close our Office Depot Credit Card account(s). The account(s) to  
be closed are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

Please Fax To: (770) 806-4076

FOR OFFICE USE ONLY	
BSD Acct. #:	_____
Rep. Name:	<u>Debby Ferrell (Credit Liaison)</u>
Sales ID#:	_____
Phone:	(770) 806-4060 ext. <u>4068</u>
	(888) 295-0943 ext. _____