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MBI Management – MBI Assignment Return

Requester Information	
Company Number:	Company Name:
Requester's User ID:	Phone:
Application Data	
Account ID:	
Account Name:	
MBI to be Returned:	
Last Date in Use:	
Number of MINs in MBI being Returned:	
Reason for Return:	
Comments	
Certification I am the authorized user to which the Requester's User ID (entered above) was assigned and I certify that the information provided on this form is accurate. If provided, I also authorize the above credit card payment information.	
Authorized Name (p	vrinted):
Authorized Sig	nature:
Date	Signed: