



User Reduction Form

Please fax to: 866.703.3381 or
e-mail responses to orderent@amsservices.com

CONFIRMATION

I am confirming that our agency, _____, customer # _____

is requesting to reduce from __ users to __ users.

Agency system type: _____

By submitting this form I am confirming the following:

- I am an authorized administrator of this account.
- I understand that user reductions are effective 60 days from the time that this form is submitted to AMS Services. I understand that billing will continue until the users have been reduced in the system.

USERS TO REMOVE

Short Name	Last Name	First Name
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONTACT INFORMATION

Name: _____

Title: _____

Phone: _____

Date: _____

E-mail: _____

Signature: _____ Date: _____