



Cancellation Request Form

ATTENTION

In order to prevent processing delays, please complete this form and submit it to Dexope via email at info@dexope.com to complete the cancellation of your referral services. All cancellations are processed as per the terms of the referral agreement.

Note: Certain part of the agreement still applies. See the agreement for details.

INITIAL INFORMATION

I wish to cancel the referral service for:

Agent

Team

Brokerage

Name

Email

Company Name

Company Address

Phone

 -

Area Code

Phone Number

License #

TERMS OF CANCELLATION

Please initial ALL Below:

I understand that I am still obligated to pay Dexope due referral fee on the closed leads provided by Dexope.

I understand that I cannot use/download/share any of the marketing material provided by Dexope service.

I understand that I will no longer have access to Dexope CRM portal and will lose all my data.

I understand that as per the Dexope cancelation policy the one-time setup fee paid at signup is non-refundable.

I understand that once I submit this cancellation request, my service cannot be reinstated.

I understand that some parts of the referral agreement may remain in effect

SIGNATURE

Signature: _____ Date: _____