



## CANCELLATION FORM

BUSINESS NAME: \_\_\_\_\_.

By signing this form I am stating that I am an authorized representative for the business listed above. I wish to terminate my agreement for advertising with the Columbia City Paper. I will be responsible for full payment of all advertising that has already been published before or on the date of signing. I also, acknowledge that I must pay a two hundred dollar cancellation fee. Penalties for late payment will still be in effect if the balance has not been satisfied for the published advertising.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ .

This form must be filled out and e-mailed to [billing@columbiacitypaper.com](mailto:billing@columbiacitypaper.com) or mailed to 701 Gervais Street Suite150-218, Columbia, SC 29201.