Arbitration Opt-Out Request Form

CloseKnit Arbitration Opt-Out Request Form

Member Information

Full Legal Name: _____

Account Email Address: _____

Phone Number (Optional): _____

Mailing Address (Optional):

Request

I am submitting this Arbitration Opt-Out Notice pursuant to the CloseKnit Terms of Service. By submitting this form, I elect to opt out of any binding arbitration provisions described in the Terms of Service and retain any rights available under the applicable Terms.

Acknowledgment

I certify that:

☐ I am the account holder or am authorized to act on behalf of the account holder.

☐ The information provided above is accurate and complete.

☐ This request is being submitted within the timeframe specified in the applicable Terms of Service.

Signature

Signature: _____

Date: _____

Internal Use Only (CloseKnit)

Date Request Received: _____

Received By: _____

Method Received: ☐ Email ☐ Mail ☐ Other: _____

Request Verified: ☐ Yes ☐ No

Date Logged: _____

Comments: