

Cancellation of Business Contract Form

This Business Contract Cancellation Agreement ("Agreement") is made on:

_____ (Date)

Between:

Company Name: _____

Representative Name: _____

Address: _____

Phone Number: _____

Email: _____

AND

Other Party Name: _____

Company Name (if applicable): _____

Address: _____

Phone Number: _____

Email: _____

Terms of Cancellation

1. Effective Date of Cancellation: _____

2. Reason for Cancellation:

Business restructuring

Financial constraints

Breach of contract

Mutual agreement

Other: _____

3. Outstanding Balances:

- No outstanding balance remains.

- **The following amount must be settled before termination:**
\$_____.

4. **Confidentiality Agreement: Both parties agree not to disclose any business-related information post-cancellation.**
5. **Future Obligations: Neither party will be held responsible for any further contractual obligations.**

Final Agreement

By signing below, both parties confirm their acceptance of this business contract cancellation.

Company Representative Signature: _____ Date: _____

Other Party Signature: _____ Date: _____