



# Refund Request Form

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Store: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

RO #:	_____	Claim #:	_____
Payment Date:	_____	Method:	_____
Amount Paid:	_____	Refund:	_____
RCI Claim #:	_____		
Unit #:	_____	Plate #:	_____
Reason for Refund:	_____		
	_____		
	_____		
	_____		
	_____		

Manager Initials: \_\_\_\_\_

Final Approval: \_\_\_\_\_