

CUSTOMER REFUND REQUEST

Direct Sales Department

CUSTOMER INFORMATION

Customer Name:

Date of Request:

Address:

Phone Number:

Email Address:

SALES REPRESENTATIVE / CONSULTANT INFORMATION

Representative Name:

Representative ID:

ORDER INFORMATION

Order Number:

Original Order Date:

PRODUCT DETAILS FOR RETURN

Product Code	Item Description	Quantity	Unit Price	Reason for Return

PREFERRED REFUND METHOD

Original Payment Method (Credit/Debit Card)

Direct Bank Deposit

Store Credit

Bank Name:

Account Holder:

Account Number:

Routing / Sort Code:

TERMS & CONDITIONS

Items must be returned in their original packaging, unused, and in resalable condition unless reported as defective. Refund requests must be submitted within the permitted return window from the original purchase date. Processing of refund payments may take up to 10-14 business days from receipt of returned merchandise.

Customer Signature

Date:

Representative Authorized Signature

Date:
