

REFUND REQUEST

Original Copies of the Order receipt must accompany this form

DATE:		EMAIL ADDRESS	
CUSTOMER NAME:		PHONE NUMBER/S	M:
ORDER ID:		ADDRESS	
NAME OF PRODUCT:		TOTAL PAID:	
ORDER RECEIVED DATE:		BANK ACCOUNT NAME: BANK ACCOUNT NUMBER:	
PRODUCTS PURCHASED FROM THE ORDER			
1.		3.	
2.		4.	
REASONS FOR THE REFUND			
FOR OFFICE USE ONLY			
REFUND REQUEST RECEIVED ON:		20_____	
REFUND REQUEST IS APPROVED ()		DENIED ()	
REFUND DUE DATE ()		REASON FOR DENIAL (write on the line below)	
COMMENTS:			
REFUND AMOUNT: THB _____		CHEQUE #: _____	
COLLECTED BY _____		on _____	
ACCOUNT MANAGER _____		DATE _____	