

Requested by:

Requested date:

Please select your request:

Refund

Copy of invoice

Other (please specify)

Allow five business days from the end of the week your request was received for processing to be completed.

Please complete **all fields** below to ensure no delay to your request.

WAS YOUR PAYMENT COMPLETED THROUGH PAYPAL?

(Please select a response and note corresponding requirements advice)

Yes – Attach either a copy of your PayPal receipt OR provide full credit card number below

No – Enter first 6 and last 3 digits of the credit card number below

Unsure – Provide full credit card number below

COMPANY NAME:

APPLICATANT NAME:

CREDIT CARD NUMBER (must be the same card number as original purchase):

CREDIT CARD TRANSACTION DATE:

INVOICE RECEIPT NUMBER (if available):

INVOICE / REFUND AMOUNT:

EMIAL ADDRESS TO SEND ADVICE:

REASON FOR CREDIT (for refunds only):

Return completed form to accounts@pegasus.net.au