

REFUND REQUEST FORM

OPTION 1: Credit Card Refund – Use this option only if the original payment was made via credit card. Only provide credit card details used originally as we can only refund back to the same card.

Credit Card Type:	Visa or MasterCard (please circle)
Cardholder's Name:	
Credit Card Number:	
Expiry Date:	
Total Refund Amount Requested:	\$
<i>By signing this form below I confirm that the credit card number and details on this form are correct and I authorise the refund to be made by GEM Windows & Doors to this credit card account for the amount specified.</i>	
Card Holder Full Name:	
Card Holder Signature:	
Date Signed:	

OPTION 2: Refund to Bank Account

BSB:	
Account Number:	
Account Holder Name:	
Bank:	
Total Refund Amount Requested:	\$
<i>By signing this form below I confirm that the bank account number and details on this form are correct and I authorise the refund to be made by GEM Windows & Doors to this account for the amount specified.</i>	
Account Holder Full Name:	
Customer Signature:	
Date Signed:	

GEM WINDOWS & DOORS SALES STAFF TO FILL OUT:		
Type of Refund:	Partial or Full (please circle)	
Reason for refund:		
Date order placed:		
GEM PO #:		
WPK#s:		
HEAD OFFICE USE ONLY:		
Approval Details:	Approved or Declined (please circle)	Date: ____/____/____
Notes:		Signed: