

# Credit Card Refund Request Form

## CUSTOMER DETAILS:

Name:

Surname:

Contact Number:

Email:

Reasons for Refund:

Voucher ID Number:

Product Purchased:

## CREDIT CARD DETAILS:

Name on Card:

Card Number:

Expiry Date:

**Experience Oz**

**Filling out this form is just a request, and does not imply that you will receive a refund**

Scan and Email to [info@ticketmates.com.au](mailto:info@ticketmates.com.au) or Fax to **07 55926611**

*\* Please Note there will be a cancellation fee of 3% for each Refund unless otherwise stated\**