



Tradebloc

701 Commerce Street
Dallas TX 75202

CLIENT REFUND REQUEST FORM

Date: _____/_____/_____

Name: _____

Phone: _____ Email: _____

Original Payment Method Cash Check Credit Card E-Check

ACCOUNTING OF SERVICES FROM SIGN-UP AND REASON FOR REQUESTED REFUND -
BE SPECIFIC:

Date of Sign-Up contract: _____/_____/_____

Client Signature: _____

Amount of Refund Requested: \$_____

DO NOT USE AREA BELOW- Accounting Office ONLY

APPROVED DENIED

REASON FOR DENIAL:

SUPERVISOR NAME (PRINT): _____

SUPERVISOR SIGNATURE: _____

Response Received: by phone by email Date _____ / _____ / _____

Use Check # _____ Date: _____ / _____ / _____

Amount: \$ _____