

REFUND REQUEST

Client Number:	
Company / Firm:	
Street Address:	
ZIP Code & City/Town:	

Your Payments

	Date	Amount	Reason for the Refund	(IBAN):
Original Payment:				
Double / Overpayment:				

Bank Details for the Refund

Account holder:	
Institute:	
IBAN:	
BIC:	

Please note that our payment service provider charges a flat fee of 5€ for refunds and rebookings. This also applies to transactions made to an incorrect amount or to a bank account that is different from the one stated in the invoice. Please send the signed form to shop@solar-fox.com

In such cases of accidental double payments, the amount owed to you will be refunded, minus the service fee. Please note that this refund transaction can take up to 30 days to be processed.

I hereby declare that I have read and agree to the conditions of the refund process, and the information that I have provided is true and accurate.

.....
Date

.....
Signature