

CHECK ISSUE REQUEST

**Fax this form to Corporate Office: 727-518-9769
Attention: Accounting**

FROM:

STORE NUMBER: _____ STORE NAME: _____

REQUESTED BY (SALES PERSON): _____

DATE: _____

PLEASE ISSUE A REFUND CHECK IN THE AMOUNT OF: \$ _____

INDICATE HOW THE CUSTOMER PAID:

CASH _____
CHECK _____
DEBIT CARD _____
OTHER _____

ORIGINAL DATE OF PURCHASE: _____

ORIGINAL TICKET NUMBER: _____

MAKE CHECK PAYABLE TO:

(PLEASE PRINT CLEARLY)

NAME: _____

ADDRESS:

PHONE NO. _____

SIGNATURE: _____

Attach refund receipt showing returned item: