Refund Request Form
Double Billing Issue

Full Name:

[   ]

Email Address:

[   ]

Contact Number:

[   ]

Account/Order Number:

[   ]

Date of Double Billing:

[   ]

Amount Billed (Each Invoice):

[   ]

Describe the Double Billing Issue:

Example: I was billed twice for the invoice dated [Date]. Both transactions were charged to my account. Please review and process the refund for the duplicate charge.

Attach Proof of Payment (optional):

Choose File   No file selected   Submit Refund Request

For additional support, contact our Billing Department at billing@example.com.