



# CUSTOMER REFUND FORM

NAME: \_\_\_\_\_

LICENSE PLATE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PAYMENT TYPE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

AMOUNT OF PAYMENT: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

MACHINE ID/ZONE NUMBER: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

REASON FOR REFUND: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_