

FOR INTERNAL USE ONLY

Received:

Amount Approved:

Approved By:

Date:



APPLICATION TO REQUEST A REFUND

Please use this form to request a refund of a Orivet Genetic Pet Care Product

All refund requests must be accompanied with this Refund Request Form. Complete this form and email to accounts@orivet.com.au

Please ensure that all fields are completed. Incomplete or illegible forms will not be processed

First Name: _____ Last Name: _____

Mailing Address: _____

Suburb: _____ State/Prov: _____ Zip/Postal Code: _____

Case Number or Lab ID Number of Refund Request: _____

Date of Request: _____

Test Ordered: _____

Details (Method) of How Test Payment Made (please tick):

Credit Card PayPal EFT Cheque

Date of Payment Made:

EFT Bank Details (this is where refunds will be deposited):

Account Name: _____ BSB Number: _____ Account Number: _____

Please Tell Us Why You Would Like a Refund (please print):

I, _____, have read through the cancellation policy. I understand and fully comply with the policies set forth and I hereby authorise details on this form.

Signature: _____ Date: _____

Upon approval of your refund will be processed via EFT into the Bank Account provided.