

STORE NAME _____ **CHECK REQUEST FORM**

Fax this form only for refunds or emergency check request

Date sent ____/____/2007 Date needed by ____/____/2007 (**allow 2 wks**)

Pay to the order of: _____ Check amount \$ _____
(name)

_____ Approved by _____
(address)

_____ Requested by _____
(city/state/zip)

If refund, booking agent code __ (failure to include booking agent code could result in a delay in processing and refund charged to managers commissions)

_____ customer's name _____ customer account ID # _____ original invoice number refunded

_____/_____/04 _____ \$ _____ _____
departure date destination & type (cruise, etc.) amount of penalty confirmation or tkt number

- | |
|--|
| <p>1. Send to client above address by: regular mail____ FEDEX am:\$25____ pm:\$15____ 2nd day\$10____</p> <p>OR</p> <p>2. Send to Agency ATTN: _____ by: mail____ FEDEX am:\$25____ pm:\$15____ 2nd day\$10____</p> <p>3. Please charge this FEDEX fee to agent initials ____</p> |
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Reason for refund or other check request:

This request is for ***emergency check writing only***. Other requests will be issued quicker if they are ***included with your agencies ARC packet*** mailed to the following address:

Gulliver's Travel
5705 Stage Rd. #162
Bartlett, TN 38134