



# Refund Form

Please complete all the boxes below, then send this form to us by email or post.

DATE

 /  / 

## YOUR INFORMATIONS

Full Name :

Order Number :

Street :

Order Date :

 /  / 

Post Code :

Order Amount :

City :

Item(s) :

Country :

Phone :

Email :

Phone :

## YOUR REASONS

Tell Us Why :

## OUR ADDRESS

A : 20 Penn Mart Center #1000 1009 New Castle, DE 19720-4207, USA

P : [contact@notermite.net](mailto:contact@notermite.net)

Signature

**THANK YOU FOR YOUR TRUST**

Once the form is received, we will do our best to respond to you as quickly as possible.