



# Tradebloc

701 Commerce Street  
Dallas TX 75202

## CLIENT REFUND REQUEST FORM

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Original Payment Method  Cash  Check  Credit Card  E-Check

ACCOUNTING OF SERVICES FROM SIGN-UP AND REASON FOR REQUESTED REFUND -  
BE SPECIFIC:

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Date of Sign-Up contract: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Client Signature: \_\_\_\_\_

Amount of Refund Requested: \$\_\_\_\_\_

DO NOT USE AREA BELOW- Accounting Office ONLY

APPROVED  DENIED

REASON FOR DENIAL:

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SUPERVISOR NAME (PRINT): \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_

Response Received:  by phone  by email Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Use Check # \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount: \$ \_\_\_\_\_