

Refund Form

Thank you. Please print the form below, sign it and fax it back to us for processing. We will process your refund request the moment your fax is received.

Portion A

Customer Name:

Phone Number:

Address:

Email:

Invoice No.:

Confirmed Invoice

No.:

Reason for Refund:

Portion B

I, _____, would like to return the product(s) [_____], to inKline Global, Inc. and ask that inKline Global, Inc. issue me a refund.

I agree to delete all refunded inKline Global, Inc. software from my computer, or any/all computers or servers where the software is installed.

I understand if I have ordered the CD-ROM, I may keep the CD-ROM as goodwill giveaway and that all shipping and handling charges are not covered by the 60 Day Money Back Guarantee.

I am aware that I am to include a PRINTED copy of the invoice together with this refund form and fax it to one of the fax numbers indicated on the refund policy within 60 Day Money Back Guarantee period.

Customer Signature:

Date:
