



REFUND APPLICATION

DATE: _____ ACCOUNT NO.: _____

SUBSCRIBER: _____ AGENT: _____

ADDRESS: _____ ADDRESS: _____

POST/DELIVER TO: SUBSCRIBER ADDRESS: AGENT ADDRESS:

I.D/NIS # _____

TELEPHONE #: _____ (H) _____ (W)

REASON FOR REFUND: Inadequate Signal Other Provider Overpayment Disconnection

Financial Reasons Long Installation Wait Long Service Call Wait Dormant Account

OTHER REASON: _____

AMOUNT TO BE REFUNDED: _____

DELIVERY METHOD: POST WILL COLLECT

SUBSCRIBER

MCTV REPRESENTATIVE

CSR USER ID

FOR OFFICIAL USE ONLY

EQUIPMENT STATUS: Decoder/PS _____ Antenna _____

REFUND APPROVED BY MANAGER: _____

CHEQUE NO: _____ DATE ISSUED: _____ DATE POSTED: _____

SIGNATURE: _____ DATE COLLECTED: _____ SIGNATURE: _____