



REFUND REQUEST FORM

Customer Acct #: _____

Customer Name: _____

Customer Address: _____

Phone number: _____

Total of refund: _____

Acct # 11001-000

Refund Requested By: _____ Title: _____

Comments: Please provide me with a correct mailing address as to where to send the check. Thank you.

PLEASE SIGN and FAX BACK TO 320-275-2603

**Attn: Debbie VanNurden
Credit and Collections Dept
Direct: 877-666-1207**

140 3rd Street South P.O. Box 707 Dassel, MN 55325-0707

P: 800-328-8996 F: 800-789-1882

theclockexperts@atsclock.com

american-time.com

wireguards.com