



# CAS Refund Request Form

Please complete using BLOCK LETTERS & BLACK Ink & Fax to (02) 9906 7218

## Company Information

Company Name

Contact

CAS Merchant ID

## Transaction Information

Original Transaction		Refund Transaction		OFFICE USE ONLY		
Audit Number	Amount	Reason (see codes below)*	Refund Amount	Audit	Response	Auth Code

### \* Refund Reason Codes

- **E** (administrative **error** in original purchase transaction)
- **C** (order **cancelled**)
- **U** (product **unavailable** for delivery)
- **F** (**fraud** - card holder refutes order)
- *Any other description*

## Notification Request

Please notify me of completion of refund(s) at the following email address:

## Authorisation

I am aware there is a \$5.50 fee for each manual refund and authorise Card Access Services™ to perform the above refunds

Authorized Signatory

Name/Position

Date