

Subscription Cancellation

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1	l (listamer	Information
	Castollici	minormation

	Order Number		Email Address		
	Name		Billing Address		
	Phone Number		City/State/Zip		
2)	Program Ir	nformation			
	Billing Term	Program Name		Purchase or last billed date	Last 4 digits of card used to purchase
	☐ Monthly ☐ Yearly			billed date	used to purchase
3)	the fax (Easte processed be		ot received 5 busi e.	ness days prior t	o billing will be
	riease complete	this section with the reason for your c	ancellation so that w	e may better serve y	ou in the future.
1)	Customer	Signature			
		m acknowledging that I have re Terms of Service (<u>www.dandre</u>	•	e Dandrew's Can	cellation policy
	Customer Sign	nature		Date	



RETURN MERCHANDISE AUTHORIZATION

Order Number		Fmail	Address					
Name		Billing	Address					
Phone Number		City/S	tate/Zip					
Return / Exc	hange							
RMA Type	Program Name			Purc	hase Date	Last 4 digits of cc used to purchase		
☐ 30 day refund								
RMA Type	Program Purchased:		Purchase	Date	Purchase Pri	Last 4 digits of used to purcha		
☐ Exchange								
	Program Desired:		Price		Paid	Difference		
of the original ord by the date/time s	d Request MUST be accompant ler, and include all items from the stamp when received in our Nev e a partial refund for any request	he original purcha w York Offices (E	se. The recastern time	eived a zone). I	late/time for ou We reserve the	ır purposes is defin		
Cancellation								
Please complete this section with the reason for your cancellation so that we may better serve you in the future.								
	=							
, ,	m acknowledging that I h		•	e Dan	drew's Can	cellation policy		
By signing, I a	=		•	e Dan	drew's Can	cellation policy		