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Refund Request Form

Please allow 10 days from when we receive the form for your refund. All refunds processed the Friday following receiving this form. Refunds processed are subject to 10% fee to pay for the transaction fees charged by the credit card company, as well as any restocking charges.

First Name: _____ Last Name: _____

Today's Date: _____ Your License number: _____

Address: _____ City: _____

Email address: _____

Item Description: _____

Date of order: _____ Order#: _____ Order Total: _____

How did you pay? Check? Check Number: _____

Credit Card? Type: Visa MasterCard Amex Discover

Last 4 # of card: _____ Name on card: _____

Reason for Refund: