CUSTOMER REFUND REQUEST FORM

Please fill out t	this form and email it to sales@seencocor	poration.com
Order Date:		Order ID:
Contact in	formation:	
Oomact III	Tormation.	
Name:		<u> </u>
Company:		<u></u>
Address:		
	Street	
	City, State,	_
Email:		
Phone:		
		_
Please note: We may contain and customer:	nct you to gather further details about your service.	refund request in order to improve our product
Please provi	ide a detailed explanation of the reason	(s) why you are asking for a refund:

What can you suggest we do to guarantee that our clients are 100% satisfied with the product?		
Why did you buy the product? What was your intended use of it?		

Please note:

We reserve the right to refuse any refund request, at our own discretion, should we determine that a customer is abusing our refund policy.

We will review your request within working 3 days of its receipt and get back to you thereafter.