

Refund Request



Name: _____

Company: _____

Email: _____

Original Credit Card: _____

Last 4 digits only

Also, please initial the following to confirm the project cancellation request and to ensure your full refund:

- I have removed ALL software copies and licenses. _____ (initial)
- By requesting and receiving the refund, I have no claims or comment against EABW and release all liabilities. _____ (initial)
- I understand that the full refund process may take 15 business days from date of this cancellation request. _____ (initial)
- I hereby confirm that by requesting and receiving the refund, I have not placed nor will place any charge back currently or in the future on my original transactions. _____ (initial)
- I would like to receive the refund by my original Credit Card listed above. _____ (initial)
- The related amount of EABW invoice is null and void and will not be nor has not been used for any tax purposes. _____ (initial)

Printed Name _____

Date _____

Signature _____

