SOLLY SERVICES

DATE:	FAX TO:

2910 Franks Road, Suite 3 • Huntingdon Valley, PA 19006

VENDING REFUND REQUESTS

IMPORTANT: Please provide us with a **complete mailing address**. This will help to ensure that you get your refund in a timely manner in the event that it can not be delivered to your place of business. We appreciate your time and help.

LOCATION NAME:	CONTACT NAME:	
LOCATION ADDRESS:		
CITY:	STATE:	ZIP:
REFUND PERIOD (FROM):	REFUND PERIOD (TO):	

PLEASE NOTE: In order for any request to be valid, the signature of the person receiving the refund must be obtained.

DATE	MACHINE	REASON	AMOUNT	SIGNATURE

TO BE FILLED OUT BY CUSTOMER

Add the refunds in the amount column.

TOTAL REFUND:

FOR OFFICE USE ONLY

Amount PAID to customer.

AMOUNT PAID:

Once you have completed this form, please fax it to the number listed below. Once received, we will process your request. We appreciate your honesty and apologize for any inconveniences. Please see your route driver to obtain the listed refunds.

FAX: 215.947.5425 • PHONE: 215.947.4837 • TOLL FREE: 800.588.VEND