

Refund Request Form

Please return your completed form to **Care Park Pty Ltd**

POST: PO Box 3090
SOUTH MELBOURNE VIC 3205

EMAIL: customerservice@carepark.com.au
FAX: 03 9682 1766



Your Details

Full name:

Address:

Phone:

Email:

Details of Refund Request

Date of Machine Fault:

Machine Number:

Car Park Location:

Car Registration No:

Payment Notice Number (if applicable):

Refund Amount:

If you paid with a credit card, please provide the first 6 and last 4 digits of the credit card used:

Reason for Refund Request:

Preferred Refund Method

Bank Account Deposit

BSB:

Account:

Refund to Credit Card

Visa:

MasterCard:

American Express:

Card Number:

Expiry Date:

Applicant's Signature:

Date:

NOTE: Please supply any evidence you have that will help Care Park verify your claim, such as a credit card statement or duplicate ticket. If you have received a Refund Receipt, a copy **MUST** be attached to this form.
Failure to supply such evidence may delay or impede Care Park's ability to process your refund.