

Ovato Retail Distributin (NZ) Limited
PO BOX 76255, Manukau 2241
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comms@ovato.co.nz

REFUND REQUEST FORM

Reason for Refund:

(Please circle one)

Account Closed Business Sold Overpayment

Other _____

Customer Details

Ovato Retail Distribution Account Number _____

Legal Name of Business _____

Trading Name of Business _____

Authorised Contact _____

Signature _____ Date _____

Phone _____ Mobile _____

Customer Banking Details *(Please attach copy of deposit slip or similar bank account verification)*

Name of Bank _____

Branch _____

Name of Account _____

Refund Amount \$ _____

Account No: _____

Office Use Only:

Approved By

Title	Name	Signature	Date
Accounts Receivable Officer			
Accounts Receivable Manager			
General Finance Manager			
Accounts Payable Officer			