APM TERMINALS Lifting Global Trade

# CUSTOMER REFUND REQUEST FORM

Request Date _____

**Supported Documents:**

- ☐ Invoice Copy
- ☐ Payment Receipt
- ☐ No Objection letter
- ☐ Customs Declaration form
- ☐ Delivery Order
- ☐ Packing List

**Company Information**

Name: _____

Address: _____

E-mail: _____

Phone Number: _____

IBAN: _____

Please note:
We may contact you to gather further details about your refund request in order to improve our product and customer service

**Please provide a detailed explanation of the reason why you are asking for refund:**

**For Internal use:**

The customer acknowledges and confirms to have read and understood the Terms of Business (which is available on our website)