Gordon & Gotch (NZ) Limited
PO BOX 76255, Manukau 2241
Ph: 09 928 4383 Fax: 09 928 4434
comms@gordongotch.co.nz

REFUND REQUEST FORM

Reason for Refund: Account Closed Business Sold Overpayment
(*Please circle one*)

Other ____

Customer Details

GGNZ 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			

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