

Refund Request Form

Date: _____

Office Location: _____

Wedding Date: _____

Bride's Name: _____

Check Payable To: _____

Street Address: _____

City, State, Zip: _____

Amount of Refund: _____

Reason for Refund: _____

Processed By: _____

Authorizing Signature: _____

Original copy should be faxed to 1 (919) 882-8501. This form serves as notice of claim to all parties. All refunds will be processed as outlined by the North Carolina Secretary of State procedures for corporate dissolution.



