

Refund/ Exchange Request Form

Please submit this form with every refund request

Today's Date: _____ Agency Name: _____

Requested by: _____
(Agent Name)

Please process refund for the following tickets: ☐

Please process exchange for the following tickets: ☐

Ticket Numbers:

Passenger Name(s):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Are the new dates booked for the exchange? YES ☐ NO ☐

If no, please provide the new dates for the exchange: _____

Penalty amount for the exchange: _____ Add collect amount: _____

Total amount for the exchange: _____

Reason for Refund:

VOLUNTARY ☐

INVOLUNTARY ☐

**Include all supporting documents, e.g. proof of hospitalization, death certificate, cancellation of a flight number, date, etc:*

If anything from the above is payable on passenger's credit card, please include the Credit Card Authorization Form signed by the card holder for the amount due so we can complete the refund/exchange process.

Refunds are processed back to the original form of payment.

Please email the completed form to: info@mvti.us