

Purchasers Details		
Last Name	First Name	
Company		
Mailing Address		
Province/State	Postal	Country
Email Address		
Phone #		

Product Details	
Product Name	
Purchase Date	Price
Serial Number	
License Number	

Purchase Details	
Purchased From:	
Order/Receipt Number	

Your Reason for Returning	

Return Authorization Number	

Refund Policy	
<p><b>Only refunds requested within 30 days of purchase will be considered.</b>            Your refund claim must include: Your purchase receipt (unaltered copies accepted). Should your claim not contain any part of these requirements, Marketcircle Inc. retains the right to refuse the refund request.</p> <p>Your request will typically be processed within 10 days of receipt of this claim. You will receive a refund in the same manner as which you purchased the software.</p> <p>This policy can be found at <a href="http://www.marketcircle.com/company/refund/">http://www.marketcircle.com/company/refund/</a></p>	

Declaration	
I declare that all statements and particulars on this claim form are true and correct. I acknowledge that should my claim be received without completed information that my claim may be refused.	_____ Signature  _____ Date

**You must include a copy of the purchase receipt, otherwise your refund will not be processed.**