

Refund Request Form

Please return your completed form to **Care Park NZ Ltd**

POST: PO Box 21036
WELLINGTON 6041

EMAIL: info@carepark.co.nz
FAX: 04 388 9683



Your Details

Full name:

Address:

Postcode:

Phone: Email:

Details of Refund Request

Date of Machine Fault: / / Machine Number:

Car Park Location: Car Registration No:

Payment Notice Number (if applicable): Refund Amount:

If you paid with a credit card, please provide the first 6 and last 4 digits of the credit card used:

Reason for Refund Request:

Preferred Refund Method

Bank Account Deposit

BSB: Account:

Applicant's Signature: Date: / /

NOTE: Please supply any evidence you have that will help Care Park verify your claim, such as a credit card statement or duplicate ticket. If you have received a Refund Receipt, a copy **MUST** be attached to this form. Failure to supply such evidence may delay or impede Care Park's ability to process your refund.