



Request for Return of Deposit/Refund

PLEASE FILL IN COMPLETELY AND FAX: 770-487-9645

Agent _____

Agent Ph _____ Fax _____ E-Mail _____

Client(s) Names _____

Confirmation# _____

Brief Description of Travel _____

Reason for Refund/Deposit Return _____

Departure Date _____

Supplier _____

Supplier Phone _____

Supplier Check# _____

Date Check sent to CWT _____

Amount of Check \$ _____

Special/Delivery Instructions:

604 Crosstown Road
Peachtree City, GA 30269
770-487-9529 800-777-9529 770-487-9645 Fax

