



## REFUND REQUEST FORM

Records Research Document Services, LLC

**6160 Warren Pkwy. Ste 100  
Frisco, TX 75034**

[www.cartitles.com](http://www.cartitles.com)  
[security@cartitles.com](mailto:security@cartitles.com)  
256-448-4853

**DESCRIBE YOUR REQUEST (Please Print Legibly)**

**Date of Request:**

---

**Purchase Date:**

---

### Transaction Amount:

---

**Vehicle VIN:**

---

**First & Last Name:**

---

**Address:**

---

**Email:**

---

**Phone:**

**Please explain why you are requesting a refund:**

**Please attach supporting documentation with this form.**

Return form by email to [security@cartitles.com](mailto:security@cartitles.com)

If approved, refund will be made in conjunction with the cartiles.com guarantee.

All other terms and conditions of site apply.

**Customer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For Department Use Only:

\_\_\_\_ Approved      Processed By: \_\_\_\_\_

Not Approved    Processed Date:

### Comments: