

# Credit/Refund Request participating stores only

## “The End of Late Fees”



Please take this form to a participating **BLOCKBUSTER®** store for quickest processing

Date \_\_\_\_\_

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Store Number/Location \_\_\_\_\_

Reason for Refund/Credit Request \_\_\_\_\_

The amount was  placed on my BLOCKBUSTER account  paid in cash  paid by check  charged to my credit card

(Non-credit card customers only) If you are eligible for a refund but prefer to apply the refund to your BLOCKBUSTER® account, check here

Signature \_\_\_\_\_

A processing period of seven (7) business days may be required for in-store refund of amounts paid by check.

**If processed in-store, this portion to be filled out by BLOCKBUSTER employee**

BLOCKBUSTER Account Number \_\_\_\_\_

Return Date of Items Credited \_\_\_\_\_ Credit Amount \$ \_\_\_\_\_



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**If returning by mail please send to: Blockbuster Inc. 1201 Elm Street, Dallas, TX 75270 Attn: Steve Krumholz**

Please allow a minimum of four (4) weeks for processing.

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