tixCraft Ticket Refunds Application Form

date of application： _____/____/___

Refunds Policy:

1. Applicant hereby acknowledges that refund fee is 5% of the total amount refunded.

2-1. Applicant, who has not picked tickets up yet, completes the ticket refunds application form and fax it to customer center first. Then contact customer center to confirm the fax process is successful or not.

2-2. Applicant, who has picked tickets up, has to complete the ticket refunds application form and deliver it **ATTACHED ORIGINAL OF TICKETS** to customer center. **NOT** accept any delivery without proof of receipt.

3. All applications have to achieve in business hours before the end of refundable deadline. The application which achieved beyond deadline would not be processed and customer center would connect Applicant to return application document. If Applicant cannot be connected or denies to retrieve, tixCraft would be not responsible for keeping or any lost.

4. After 5 workdays when application achieved, it is successful application when order status be modified to 『Refunds for personal reason』,if not the same Applicant has to connect customer center to trace the achievement. Applicant could check order status via Order History by himself.

5. Refunds would be processed in about 20 workdays from successful application date; however the timeframe of credit card is due to Credit Card issuing banks.

6. Applicant should read the full version of policy, which shall prevail in the event of discrepancy.

7. tixCraft Customer Center

Business hours: Mon.-Fri. 10:00~18:00(beyond holidays)

tel +886-2-8772-9835 /Fax +886-2-8772-9853 /Add 10551 10F., No.270, Sec. 3, Nanjing E. Rd., Songshan Dist., Taipei City 105, Taiwan (R.O.C.)

Ticket Details:

Event Name： _____

Order No. ： _____ Seat Information (GA//section.row,seat)： _____

Ticket Collection：☐ Not yet

☐ Done (Must Return Original Tickets)

Refund Quantity: _____

Applicant Details：(Please cross one blank only)

☐ I am the original Subscriber.

Applicant: _____ (signature) Telephone:_____

☐ I am NOT the original Subscriber. Subscriber_____(signature) hereby authorizes me to act as his agent to apply the refunds and acknowledges understanding of all terms and conditions and privacy policy.

Applicant: _____ (signature) Telephone:_____

Payment Details：(How did you pay?)

☐ Credit card. All refunds will be credited to the original credit card only.

☐ Cash (via ibon/ ATM Transfer) All refunds will be credited to the Applicant's account only.

Name of Bank	Bank Code (7 digits)	Account Number
Bank Branch		

NOTICE!! 【Account registered in Taiwan only】

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