



TWO NILES TRAVEL SERVICES

100 ALCOTT PLACE, SUITE 13H, BRONX, NY 10457

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REFUND APPLICATION FORM

PASSENGER'S NAME: _____

AIRLINE/VENDOR: _____

AMOUNT PAID: _____

PENALTY: _____

REFUND DUE: _____

RECEIVED BY: _____

CLIENT SIGNATURE: _____

DATE: _____

NOTE: REFUNDS MAY TAKE AS LONG AS THREE (3) MONTHS