Money Order Tracing/Refund Request

This request is to be completed by the purchaser only.

Please Mail request to: Flash Foods, Inc. PO BOX 2149

Waycross, GA 31501

Direct any questions to Customer Service:

Phone: Hours:

(912) 285-8522 24 Hour Automated

Phone Line Customer Service

8:00 am to 5:00 pm M-F

Instructions:

Purchaser must complete one form for each money order traced.

Include the original money order receipt, keeping a copy for your records.

Enclose a \$10.00 non-refundable processing fee for each request. The processing fee will be deducted from the refunds when a fee is not received.

A photocopy will not be sent without the fee.

Incomplete requests or addresses will delay the process. A Request received without a zip code cannot be processed.

Most requests are processed within 30 days, but please allow up to 65 days for total processing.

Please note:

A refund will be issued if the money order has not been cashed, provided the Tracing/Refund form is properly completed and signed by the purchaser.

This is NOT an automatic stop payment. A stop is placed on the money order once a replacement is issued.

A photocopy of the cashed money order will be provided if it has been paid and the fee is received.

If you notice alterations to the money order, immediately contact Customer Service at: (912) 285-8522.

MONEY ORDER SERIAL NUMBER:				DATE OF CLAIM:	
2		Keep top portion for	your records; mail bottom portion	n to Flash Foods, Inc.	
Money Order Serial Number		Dollar Amount	Purchase Date		
Money Order Was: Clost Returned with form Stolen Payable to: Destroyed Not Filled in		Purchased At: Address:	Purchaser's Name: Address:		
order 3) I am I	iable for this money orde	er and will repay Flash	Foods, Inc. its clearing banks and	ash Foods, Inc.'s decision to stop payment on this money distrustees, any and all costs incurred if the original money sh Foods, Inc. and use only the new money order	
Address when	INOT BE PROCESSED UP or replacement check or Request will not be processed.	copy should be mailed	L.		
Name:					
City:	State: _	Zip: _			