CUSTOMER REFUND FORM

Return Reference#: 00002617E Order#: DW3543 **Diagnosed Date:** 07-29-2022 Diagnosed By: Reymund Hermida **Warranty Status: REFUND** Rowelyn Quintos **Customer Name: Customer Location:** DIGITAL WALKER.DIGITS.FBD.ONL **RETURN ITEMS Digits Code UPC Code Item Description Brand** Serial# Item Cost Qty 80018178 ONE HED BULLETS WIRELESS BLACK **ONEPLUS** 890005209 1990.00 6921815605812 1 **BANK DETAILS Mode of Refund: GCASH** Bank Name: **Bank Account Name:** Bank Account#: