

## REFUNDABLE TICKET REQUEST FORM

TO REQUEST A REFUND, PLEASE COMPLETE THE FOLLOWING FORM AND EMAIL TO  
[CUSTOMERSERVICE@AIRCHOICEONE.COM](mailto:CUSTOMERSERVICE@AIRCHOICEONE.COM)

### CONTACT INFORMATION

\* REQUIRED FIELD

#### PASSENGER INFORMATION

#### REQUESTED BY ( IF DIFFERENT FROM PASSENGER INFORMATION )

FIRST NAME \*

FIRST NAME

LAST NAME \*

LAST NAME

EMAIL \*

EMAIL

PHONE \*

PHONE

DATE OF BIRTH \*

RELATIONSHIP

#### FLIGHT INFORMATION

#### RESERVATION INFORMATION

DEPARTURE CITY \*

CONFIRMATION  
NUMBER \*

ARRIVAL CITY \*

BOOKING DATE \*

DEPARTURE DATE \*

METHOD OF  
PAYMENT \*

APPROX DEPART TIME \*

LAST FOUR DIGITS  
OF CREDIT CARD

FLIGHT NUMBER \*

COMMENTS \*

REQUEST FOR REFUND ON THE UNUSED TICKET MUST BE REPORTED NO LATER THAN 5 BUSINESS DAYS FOLLOWING THE FLIGHT DATE.  
FOR MORE INFORMATION, PLEASE CONTACT A CUSTOMER SERVICE AGENT AT 866.435.9847  
OR REFER TO THE CONDITIONS OF CARRIAGE POSTED ON OUR WEBSITE

[WWW.AIRCHOICEONE.COM](http://WWW.AIRCHOICEONE.COM)