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Santa Barbara, CA 93105  
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805-504-9740

**REFUND REQUEST, *please fax to 805-504-9741***

**Name:** \_\_\_\_\_

**Email used to order:** \_\_\_\_\_

**Product:** \_\_\_\_\_

**Order Number:** \_\_\_\_\_

**Refund Reason:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing this I agree to destroy all license codes given to me in this order and understand that using or distributing them is not permitted under any circumstance.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_