

1) Merchant-related information

Name: _____
Date operations ceased: _____ Claim no. _____ (Reserved for temp. adm.)

2) Customer-related information

Name: _____
Address: _____
Phone (home): _____ Phone (work): _____
E-mail address: _____

3) Transaction-related information

Contract date (invoice): _____ Destination: _____
File no.: _____ Departure date: _____
Amount paid and claimed: _____ Return date: _____
Method of payment:
____ Cash _____ Credit card: _____ (name of credit card company)
____ Cheque _____ (card number)
_____ (expiry date)

4) Travel agency-related information

Name: _____
Address: _____
Phone: _____
Name of your travel consultant: _____

5) Documents to be enclosed with your claim

- Original invoice issued to the customer by the travel agency;
- Original receipt issued to the customer by the travel agency;
- Proof of payment (front and back of cashed cheque, credit card or direct payment receipt, credit card statement);
- Tickets or travel documents issued to the customer;
- Any other document you deem relevant:

It is **important** that you keep a photocopy of your documents. Please note that your claim cannot be studied unless you supply all of the documents requested. If it is impossible for you to supply one of the above-mentioned documents, please explain why:

Note: To complete your claim, your travel agency will have to send us a copy of the invoice received from the wholesaler and proof that it paid the wholesaler if payment was made other than using the customer's credit card.

6) Third party refund

If you have applied for a refund to another organization or individual, please give the organization's or individual's name and coordinates below:

If the travel agent was paid by credit card, the holder authorizes the Office de la protection du consommateur to contact the credit card company to check whether this transaction has been partially or totally refunded.

Cardholder's signature

Date

**Please send your claim to: Office de la protection du consommateur
Service des permis
400, boul. Jean-Lesage, bureau 450
Québec (Québec) G1K 8W4**

Claimant's signature

Date