



iSpring Software Refund Request Form

Please print this form, fill it out, sign it, scan the filled form, and return it via Email, Fax or Postal Mail. We accept money return requests within **30 days** from the date of purchase. If you are having difficulty printing the form, please contact us at sales@ispringsolutions.com.

Email: sales@ispringsolutions.com

Postal Mail:

575 Madison Avenue, 10th floor, Suite 1018
New York, NY, 10022-2511
United States

FAX: +1 800 640 0868

This form must be completed and signed for this document to be honored for the review.

Please complete the following information:

Your Name: _____

Address: _____

City/State/Postal Code: _____

Email Address: _____

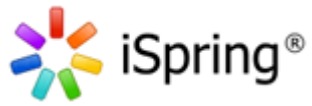
Product Name:

- iSpring Pro
- iSpring QuizMaker
- iSpring Suite
- iSpring SDK

Product Version: _____

Order Number: _____

Date of Purchase: _____



Reason for Request of Money Back:

Detailed Computer Configuration:

Additional software installed, which, in your opinion, could conflict with ours:

Additional information:

Signature: _____

Date: _____

Please allow up to 14 business days after your refund request is received by us to for refund to be issued.