

MONEY ORDER CLAIM FORM AND RECEIPT

CHECKMART OF FLORIDA INC.
D/B/A THE CHECK CASHING STORE
6340 NW 5TH WAY
FORT LAUDERDALE, FL 33309
1- 877-255-9819

Request Location :

Request Date and Time :

Issue Date : MO # : AMT :

Type : Reason :

Purchaser :

Home Phone :

Address :

Payable to :

Purchased at :

Purchase Date Range :

Additional Information and Notes :

Proof of Purchase :

<< IMPORTANT - READ AND SIGN THE FOLLOWING STATEMENT >>

If the records indicate that the above money order has not been paid. I authorize the company to stop payment on this money order and to issue a replacement to me. I further agree to indemnify and reimburse at its discretion THE CHECK CASHING STORE for the face amount of the money order and to hold harmless THE CHECK CASHING STORE against any and all payments, loss, damage, expense and/or liability suffered or incurred by the said. If the original money order returns to my possession, I will return it to THE CHECK CASHING STORE and use the replacement provided.

A PHOTOCOPY WILL BE PROVIDED IF THE MONEY ORDER HAS BEEN CASHED. AT OUR DISCRETION A STOP PAYMENT MAY BE PLACED IF THE MONEY ORDER HAS NOT BEEN CASHED. PROCESSING TIME: ALLOW AT LEAST 45 DAYS OR 90 DAYS IF THE MONEY ORDER WAS STOLEN OR IF THE PAYEE AND REMITTER LINES WERE NOT FILLED IN WHEN LOST. PROCESSING TIME MAY BE EXPEDITED FOR MUTILATED ITEMS IF ORIGINAL RESURFACES

NOTE : REFUND MAY NOT BE ISSUED IF LOST IN BLANK

STORE COPY SHOULD BE MAINTAINED FOR 90 DAYS

Purchaser's
Signature _____

Today's Date _____