

Reimbursement Request Form

CASH FOR YOUR STAMPS

INSTRUCTIONS

Please complete this form, including the total list of your stamps. Indicate the type, description and quantity of the stamps. Please **PRINT** and **SIGN** the form. Keep a copy for your records. Certified Mail Delivery is encouraged.

Once completed, mail the form and stamps to:
CFS INC P.O. 687 Walnut, CA 91788

CFS Inc
P.O. Box 687
Walnut, CA 91788
Tel: (323) 418-2654
sales@cash4urstamps.com



Contact Information DATE: _____

1. Name: First _____ Last _____

2. Company: _____ 3. Phone: __ (____) _____

4. Address: _____

City: _____ State: _____ Zip: _____

5. Email: _____ 6. Website: _____

Reimbursement Method

7. Please Check a Box to Select Payment Option. *Leaving this unselected will delay payment.*

Bank Check (no fees) Bank Transfer (fees apply) †

† Applicable bank fees will be reduced from the total payment amount.

Stamps Information

*Form Required for Reimbursements for \$500 or more.

TYPE	DESCRIPTION (Ex. Forever Stamps, Flags, Christmas, etc)	QUANTITY	Internal
8.			

Source of Stamps

9. Please Check a Box to Select Source of Your Stamps* Closed Business Excess from Event

Other: Please Explain _____

SIGNATURE: _____ Date: _____

Please Print, Physically Sign & Mail Your Stamps with this Form. That Easy!