Credit/Refund Request participating stores only
"The End of Late Fees"

Please take this form to a participating BLOCKBUSTER® store for quickest processing

Date _____

Name _____

Phone Number _____

Address _____

Store Number/Location _____

Reason for Refund/Credit Request _____

The amount was ☐ placed on my BLOCKBUSTER account ☐ paid in cash ☐ paid by check ☐ charged to my credit card

(Non-credit card customers only) If you are eligible for a refund but prefer to apply the refund to your BLOCKBUSTER® account, check here ☐

Signature _____

A processing period of seven (7) business days may be required for in-store refund of amounts paid by check.

If processed in-store, this portion to be filled out by BLOCKBUSTER employee

BLOCKBUSTER Account Number _____

Return Date of Items Credited _____ Credit Amount $_____

If returning by mail please send to: Blockbuster Inc. 1201 Elm Street, Dallas, TX 75270 Attn: Steve Krumholz

Please allow a minimum of four (4) weeks for processing.

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