



Secretary of State

**OFFICE OF SECRETARY OF STATE  
CORPORATIONS DIVISION**

2 Martin Luther King Jr. Dr. SE  
Suite 313 West Tower  
Atlanta, Georgia 30334  
(404) 656-2817  
sos.georgia.gov/corporations

**REFUND REQUEST**

Date of Request: \_\_\_\_\_ Date of Transaction: \_\_\_\_\_

Control Number: \_\_\_\_\_

Entity Name: \_\_\_\_\_

Original Amount Paid: \_\_\_\_\_ Invoice Number: \_\_\_\_\_

Payment Method:  Check  Credit Card

Amount to be refunded: \_\_\_\_\_

Reason(s) for refund request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Last Four Digits of Credit/Debit Card Used: \_\_\_\_\_

Expiration Date of Credit/Debit Card Used: \_\_\_\_\_

**Requestor's Contact Information:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_

Refund requests are valid only if submitted within 6 months of the original date of payment and all supporting documentation is attached to this form.

Please complete and return this form with any supporting documents to the Corporations Division by emailing to [refundrequestform@sos.ga.gov](mailto:refundrequestform@sos.ga.gov). Should you choose to mail your request, please send it to the address listed above. Please submit only one request per form.