

KERRVILLE BUS COMPANY

1430 East Houston Street
San Antonio, Texas 78202

White Copy: To Refund Dept.
Yellow Copy: Passenger's Receipt
Pink Copy: Agent File

Application for Ticket Refund

Date _____

THIS IS TO CERTIFY that ticket No. _____ Fare Paid _____ purchased
at _____ unused portions reading between _____ and _____
have not been used by me or to my knowledge by any other person for passage between above named Stations.

My application for redemption of ticket, or unused portion thereof, is made with full knowledge that it would be a violation of law for me to accept the redemption of the whole or any part thereof on which passage has been obtained or the equivalent in transportation received by me or any other person.

I FURTHER CERTIFY that I am the original purchaser of above described ticket and the following reason is given for its nonuse: _____

Agent _____

Station _____

Contact Agent Note Attached
 Standard Request

NOTE TO AGENT: Inform applicant that refund check will be forwarded by U.S. mail to the address as shown to the right.

FORM A-7

MUST PRINT PLAINLY--NO REFUND IF ILLEGIBLE OR INCOMPLETE

Purchaser's Name _____

Mailing Address _____

(Street or P.O. Box)

(City and State)

(Zip Code)

Phone Number _____

(Area Code) (Number)

Signature _____

(Purchaser sign here)