

Test Strip Buyers STOP PAYMENT FORM

I _____ (Customer Name)

whose address is : _____ (Street)

City) _____ (State) _____ (Zip) _____

(Phone #) _____ am requesting a payment to be reissued to me for the check listed below for the following reason:

REASON FOR STOP PAYMENT:

- Stolen Lost Never Recieved Prefer Paypal Payment
- Other _____

ORIGINAL CHECK # _____

DATE CHECK WAS ISSUED _____

AMOUNT OF CHECK _____

NAME ON CHECK: _____

PLEAS REPLACE THE CHECK INDICATED ABOVE IN THE FORM OF:

- A New Check Made To Me
- A Paypal Payment to my Paypal Address: _____

My signature below indicates that I am requesting a stop payment on the above check for the reason indicated above. I also understand that any attempt to cash the Original Check after the date of this Agreement, will be fraudulent. I agree that should the Original Check come into my possession, I will mark it "VOID" and return it to Test Strip Buyers at 1710 N Hercules Ave, Suite 105, Clearwater, FL 33765. Test Strip Buyers may take any legal actions necessary to enforce its rights under this Agreement without prior notice or demand.

Signature of Customer: _____

Print Name: _____

Date: _____