



REFUND APPLICATION

Form Number: 30606
 Effective Date: 09/09/05

Instructions: Complete a separate application for each refund request. Please print completed application and obtain signatures prior to sending to Refunds/Customer Relations. Print at least two copies: one copy for Customer Relations and one copy for the passenger.

SECTION I - NOTE TO CUSTOMER

1. This application is not an authorization. All claims are subject to audit by the Refund Department of Customer Relations and may require additional documentation. Penalties will be deducted from the refund amount, if applicable
2. Complete this form to the best of your ability to expedite requests. Required areas are marked with an asterisk*. Some areas may require a signature from the issuing agency.
3. Certain restricted tickets may not have a refund value.
4. All refunds will be credited to the original form of payment. The refund will apply to the replacement ticket if original ticket was lost.
5. For lost tickets, this application is for refund of the unused portion of the ticket described below. The applicant hereby represents that the ticket is owned by the applicant and has been lost, stolen, or destroyed. Frontier's liability for lost or destroyed ticket is limited to tickets which have not been used by any other person. Attach lost tickets if found to avoid a 4-month processing period.
6. Mail completed original to: *Frontier Airlines, Attn: Refunds/Customer Relations, Frontier Center One, 7001 Tower Road, Denver, CO 80249*
7. Your signature below acknowledges understanding of these conditions.

Signature _____ Date _____

SECTION II - PASSENGER INFORMATION

Passenger Name*			Purchaser Name (if different than Passenger)		
Address*			Address		
City*	State*	Zip*	City	State	Zip
Daytime Phone Number*			Daytime Phone Number		
Reason for Request*					
<input type="checkbox"/> Death of the Passenger		<input type="checkbox"/> Customer Lost Ticket		<input type="checkbox"/> Ticket was Stolen (requires police report with application)	
<input type="checkbox"/> Death of a Family Member		<input type="checkbox"/> Schedule Change by Frontier		<input type="checkbox"/> Airline Personnel Lifted Flight Coupon in Error	
<input type="checkbox"/> Medical Situation		<input type="checkbox"/> Discontinued City		<input type="checkbox"/> Cancellation of a Flight due to Force Majeure / Mechanical	
<input type="checkbox"/> Customer did not receive ticket by mail (requires Travel Agency signature)					
Explanation for Request					

SECTION III - ORIGINAL TICKET INFORMATION

Date Purchased*	Amount Paid*	City of Purchase*	Ticket #*
Form of Payment*		Where Purchased*	
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card # _____ <input type="checkbox"/> Other _____		<input type="checkbox"/> F9 Reservations <input type="checkbox"/> Other Airline <input type="checkbox"/> Ticket Counter <input type="checkbox"/> Internet Site (specify): _____ <input type="checkbox"/> Ticket by Mail <input type="checkbox"/> Travel Agency Travel Agency Signature: _____	
From*	To*	Flight Number*	Flight Date*
			Partially Used* <input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION IV - REPLACEMENT TICKET* YES NO If YES, complete Section IV

From*	To*	Flight Number*	Flight Date*	Ticket #*
Form of Payment* <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card # _____ <input type="checkbox"/> Other _____				

SECTION V - FOR ATO/CTO USE ONLY

Station*	Station #*	Agent #*	Date*
Authorized by _____ Print / Type Name		_____ Title	
_____ Signature			

Customer Relations Passenger Other _____