



**Sigüe Corporation**  
Customer Service  
1-866-514-8801

# MONEY ORDER CLAIM FORM

www.moneyorderclaims.com

Mail completed form to:  
**CLAIMS**  
**P.O. Box 271715**  
**Oklahoma City, OK 73137**

INSTRUCTIONS:

1. This form must be completed by the purchaser only.
2. Complete and sign this form. Retain the top half for your records.
3. Mail the bottom half of this form, along with **\$15 processing fee**, a copy of a valid photo ID, and your receipt/stub to the address above.
4. Processing fees are non-refundable and subject to change.
5. A refund will **ONLY** be if the money order claim form and required documents are received **AND** the money order has not been cashed.
6. In the event the Money Order was cashed, a photocopy will be provided via USPS.
7. Refund requests can take up to 30 days to process. Please allow 60 days for processing and mailing.

Today's Date  Money Order Amount  Money Order Serial Number

----- KEEP TOP PORTION FOR YOUR RECORDS. MAIL THE COMPLETED BOTTOM PORTION TO GFPS Inc. AT THE ADDRESS ABOVE. -----

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|------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>MONEY ORDER INFORMATION</b>                                                                                         |                                  |                                                | <p><b>INCLUDE MONEY ORDER RECEIPT/STUB AND SERVICE FEE</b></p> <p><b>I agree to and understand the following:</b></p> <ul style="list-style-type: none"> <li>· I hereby empower Money Order Company or its agents of this company to verify my claim and authorize immediate replacement of the above listed money order. I understand that once the above listed money order is replaced, that the original money order and any claim to it will be rendered null and void, holding harmless and further indemnifying Money Order Company and/or its agents against any action, payments, lost damages, liability, or expense as a result of this claim and/or replacement.</li> <li>· I understand that I am still liable for the original money order and will repay Money Order Company, it's clearing banks and trustees in the event this money order must be paid for any reason.</li> <li>· I understand that if the original money order is found it must be returned to Money Order Company and only the re-issued/replacement money order may be used.</li> </ul> |
| Date of Purchase:                                                                                                      | <input type="text" value="/ /"/> | Dollar Amount: <input type="text" value="\$"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p><b><u>Failure to include ID, Service fee of \$15.00, and Original Receipt/Stub will prevent processing.</u></b></p> |                                  |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>PURCHASER</b>                                                                                                       |                                  |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Name:                                                                                                                  | <input type="text"/>             |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Address:                                                                                                               | <input type="text"/>             |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| City:                                                                                                                  | State:                           | Zip:                                           | Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Make replacement payable to:                                                                                           | <input type="text"/>             |                                                | Phone Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |