

ORDER CANCELLATION REQUEST

*(*all fields are required)*

LAST NAME, FIRST NAME:	
CREDIT CARD (indicate the name of the card (Visa, MC, Amex, etc.) you used to pay and its last 4 digits):	
EMAIL: (indicate email used for payment)	



By this I confirm my decision to cancel the above mentioned service purchased from **usvisatoronto.com** web site and attest that at the time of purchase I have read fully, completely and in all its parts and understood the terms and conditions of service located here: (<https://www.usvisatoronto.com/page/terms>) including the refund policy and cancellation terms and I unequivocally agree to these terms and conditions being applied to this cancellation.



Date: _____



Signature: _____