MONEY ORDER CLAIM REPORT

Mail To: **NATIONAL EXPRESS MONEY ORDERS**
    10025 S.W. ALLEN BLVD.
    BEAVERTON, OREGON 97005

Money Order Serial No. _____

(Keep money order reciept for your records)

Date of Claim _____

(Todays Date)

INSTRUCTIONS

PLEASE

READ

1. Purchaser ONLY must complete form in FULL. Print or type clearly.

2. Fill out one claim card for each money order.

3. A $6.00 non-refundable fee is required for each number to be traced. This non-refundable fee may be changed without notice. This includes tracing, photocopies and refunds. DO NOT SEND CASH.

4. A photocopy will be provided if the money order has been cashed. A refund will be issued if the money order has not been cashed, provided the claim card is properly filled out and signed by the purchaser.

5. Allow up to 30 days for processing.

6. This is NOT an automatic stop payment. A stop payment is not placed on the original money order until a refund is made.

BEFORE MAILING BE SURE TO:	
Enclose $6.00	Sign Claim Card

Record exact serial number of lost money order on your $6.00 check or money order.

KEEP TOP PORTION- RETURN LOWER PORTION TO NATIONAL EXPRESS

MONEY ORDER CLAIM REPORT

THIS SPACE FOR OFFICE USE ONLY.

Money Order was

Payable to: _____

Street _____

City & State _____ Zip Code _____

Purchased at: _____

Agency No. (if known)

Name _____

Address _____

MONEY ORDER SERIAL NO.	AMOUNT	DATE OF PURCHASE

In consideration of a refund by NATIONAL EXPRESS MONEY ORDERS (NEMO) I authorize NEMO at its discretion, to stop payment on this money order. I will indemnify NEMO its paying bank, its trustees and agents and will hold them harmless against any payments, loss, or liability (including attorney fees) by reason of this authorization. I will repay NEMO any refund if this money order is paid through inadvertence or upon demand by a holder in due course. If the original money order returns to my possesion, I will return it to NEMO and use only the new money order provided.

REFUND CANNOT BE PROCESSED UNLESS SIGNED BY THE PURCHASER. SIGNATURE _____

(PRINT OR TYPE CLEARLY)

Your name as Purchaser _____

Current Address_____ Apt. No. _____

City & State _____ Zip Code _____

If Replacement Issued, Make Payable To: _____

Area Code _____ Home phone _____

Purchaser

Employed by:_____ Phone _____

Address _____

City & State _____ Zip Code _____

NATIONAL EXPRESS MONEY ORDERS, 10025 S.W. ALLEN BLVD., BEAVERTON, OR 97005