ARES ARMOR

Policy Exemption Request Form

This form is required to initiate an evaluation for expemption from the policy that was agreed to by the customer at the time of purchase. Please complete in full and email to: request@aresarmor.com - Additional documentation MUST be attached to make this request complete. By completing this form you are acknowledging the understanding that this does not guarantee a refund will be provided. Requests will be reviewed the Friday of each week.

Order Number(s)	Date of Order	Amount Total

Requested By:

Name: _____

Phone: _____

Email: _____

Mailing Information:

Address 1: _____

Address 2: _____

City/State/Zip: _____

Attached documentation (require at least two to complete your submission).

- ☐ Order Receipt(s)
- ☐ Email Correspondence
- ☐ Partial Order Receipt(s)
- ☐ Summary of Phone Communication(s), must include names.
- ☐ Additional (Explain): _____

Please explain the extenuating circumstance(s) to evaluate an exemption from agreed upon policy terms.

Required Information:

I am the individual who placed the order(s) listed and submit the Policy Exemption Request Form of my own free will.

Print Full Name: _____

Signature: _____ Date: _____ / _____ / _____
Month / Day / Year

Inner-Office Use Only:

○ Approved ○ Denied
Date: ____/____/____

Reason: _____

Ares Armor
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Email: Request@AresArmor.com