



Resolution Form

Comprehensive dispute resolution agreement form.

This form is to be filled out exclusively by the service provider involved in the dispute. Accuracy in documenting resolution terms is crucial. By proceeding, the service provider acknowledges this responsibility.

Service provider details

Full name:

Business name:

Email address:

Phone number:

Customer details

Full name:

Email address:

Phone number (if applicable):

Dispute (Briefly describe the nature of the disagreement)

Job details

Job name:

Original price:

Reimbursement amount:

I, [The Service Provider], declare that I am the rightful claimant for the refund mentioned in this form, and I affirm that the information provided is accurate. I have reached an agreement with the customer mentioned for the specified amount to be reimbursed, and I understand and agree to abide by Upfront Pay's **Terms & Conditions** regarding this refund request. By signing below, I confirm the accuracy of the information provided and my understanding of the terms governing this refund request.

Date (DD/MM/YYYY)

Name (Service provider)

Signature