

AppAid Initial Dispute Notice

First Name:* _____

Last Name:* _____

Street Address:* _____

City:* _____

State:* _____

Zip Code:* _____

Email Address:* _____

Telephone Number:* _____

Description of Dispute:* _____

Desired Outcome: _____

Mail or Email Notice to:

AppAid
19900 MacArthur Blvd, #190
Irvine, CA 92626
support@appaid.com

(*Required fields)