

## RETURN AUTHORIZATION FORM

Please fill this form out completely!

Sold To:	
Name: _____	
Address: _____ _____	
City: _____	
State: _____	Zip: _____
Country: _____	
Phone: _____	Fax: _____
Email: _____	

Method Of Original Payment:
___ Visa ___ MasterCard ___ Amex ___ Discover ___ PayPal ___ Check ___ M/O
Name on Card: _____
Last 4 digits of your Credit Card #: _____
Expiry Date: _____
PayPal Email: _____

Invoice Number: \_\_\_\_\_

Order Number: \_\_\_\_\_

Copy of Invoice Included?: \_\_\_ Yes \_\_\_ No

Product Code	Description

Explain your reason for your Return ie: what you need - items you want exchanged etc.

Merchandise may be returned within 90 days from the date of order in original packaging material.

There is a 15% administration fee on all refunds. No fees for exchanges.

Original shipping and handling and return postage charges will not be refunded. Manufacturer defective merchandise will be exchanged if returned within 90 days from the date of order. No refunds for Manufactured Seconds, Discounted or Bargain items.

For Office Use Only:	** US & INTERNATIONAL CUSTOMERS **	
Received By: _____	=====	
Condition: _____	<b>DO NOT SEND PACKAGE BACK BY UPS COURIER SERVICES.</b>	
Re-Sellable?: ___ Yes ___ No	=====	
Date Material Received: _____	To avoid additional fees, return your package by <b>REGULAR PARCEL POST</b> to:	You will need the USPS Postal Service Customs Declaration Green or White sticker (supplied by your postal outlet). Include the following:
Date Replacement issued: _____	HealingGloves.com, Attn: Returns Department, 2225 - 21331 Gordon Way, Richmond, BC V6W 1J9 Canada	a.. Write "CANADIAN GOODS BEING RETURNED" in the description box.
Date Refund Issued: _____		b.. Customs Value = \$0.00
Comments: _____		

All returns MUST be accompanied by this form.