

RETURN APPLICATION FORM

Fill in the information from your order below:	
Order No.	
Invoice No.	
Date of Purchase	
Product Name	
Name	
Address	
City	
State/Province	
Country	
ZIP/Postal Code	
Phone	
Fax	
Email	
Reason for Return:	

IMPORTANT: Do NOT ship your item to us at this time.

Send the above information to us and wait for our Authorization to Return. We will advise you on the best shipping method.

Packages returned without Return Authorization Number will be refused.

Costs from return shipments made without prior authorization can be very high, and will be deducted from the value of any goods returned.

IMPORTANT: Do not ship packages by any means other than we advise you. This is to avoid incurring excessive fees and charges which would be borne by you.

In particular, do not ship packages by Fedex Ground, or a \$35.00 U.S. fee will be charged.

PRINT OUT AND FAX FORM TO:

YCY BETTER HEALTH CENTRE

For fast processing, please fax to:

1-604-327-6150 (24 HOURS)

EMAIL: sales@ib3health.com