



PRODUCT RETURN REQUEST FORM

SECTION 1: PURCHASER INFORMATION

First Name _____ Last Name _____

Address _____

City _____ Province/State _____

Postal/Zip Code _____ Country _____

Daytime Phone _____ Evening Phone _____

E-mail Address _____

SECTION 2: PRODUCT INFORMATION

Where did you purchase your Shot Tec Training Device? _____

Do you have your original receipt? _____

Purchase Date _____ MM/DD/YYYY _____ Serial Number _____

SECTION 3: REASON FOR RETURN

Why do you need to return your Shot Tec Training Device? _____

Is the damage to the Device mechanical or electrical? _____

Please fill out this form in its entirety to assist us in quickly processing your return. Upon completion of this form, please fax it to **403-995-0446** along with your original receipt. Please allow 10 business days for your request to be reviewed, at which point we will contact you with further instructions on how to return the product to us. *Shot Tec Inc. reserves the right to refuse refunds based on their own discretion.*

Signed _____ Date _____ MM/DD/YYYY _____