

Request for Return Form

Custor	ner Information:	
•	Name:	
•	Address:	
•	Phone Number:	
•	Email Address:	
Order	Information:	
•	Order Number:	
•	Date of Purchase:	
•	Item(s) to be Returned:	
•	Reason for Return:	
•	Device IMEI #:	
Return	Instructions:	
•	Please package the item(s) securely in their original packaging, if possible.	
•	Include a copy of this form with your return shipment.	
•	Ship the return to the following address: Attn: Health and Wellness Dpt. 4315 55 Ave, Unit 201 Red Deer, AB T4N 4N7 1-877-761-4477 Opt.1	
Return	Authorization:	
•	SafeTracks GPS Canada Inc. reserves the right to refuse returns that do not meet criteria or are received without a Return Authorization Form.	the return
	ner Signature: I, the undersigned, certify that the information provided above is act to the terms and conditions of the return policy.	curate and that
Signati	ure: Date:	
	complete this form and include it with your return shipment. If you have any ques tour customer service department at 1-877-761-4477 Opt.1 or	