SAFE CROSS FIRST AID™ LTD.

21 Kodiak Crescent
Toronto, Ontario
M3J 3E5 Canada

Request for Return

Please return by fax: **416-665-6897** (Local) **1-800-587-2339** (Long Distance)

- **Safecross will not accept or credit your account until a valid authorization number has been issued.**
- This form will be returned to you within **10 working days (2 weeks)** with either a valid authorization number or a denial for return.
- This form and a copy of the original invoice(s) must accompany your return shipment.

****ALL RETURNS ARE FREIGHT PREPAID BY THE SENDER****

** If the error was made at Safecross we will advise the method of shipping on the return confirmation

- Any items damaged in transit are the responsibility of the Sender and will not be credited.
- Please see pg. 2 of your distributor price list in the general terms and conditions section for Safecross' return goods policy.
- Unless there was a Safecross shipping error, a minimum 15% restocking fee applies on all returns.

****DO NOT RETURN UNLESS YOU RECEIVE A VALID RETURN AUTHORIZATION NUMBER****

Safecross will NOT accept any products with labels or any other markings on the packaging. All items that are not in saleable condition will be returned without credit.

DO NOT FILL IN
Return Number:

Date: _____

Customer Number: _____ **Contact Person:** _____

Customer Name: _____

Full Address: _____

_____

Telephone #: _____ **Facsimile #:** _____

	Item #	Full Product Description	Qty	Cost	Invoice Number	Invoice Date	Reason For Return Please explain for each item	Exp. Date (if applicable)	Yes/ No
1.									
2.									
3.									
4.									