



## SPORTS MEDICINE PRODUCT RETURN AND EXCHANGE FORM

Return Authorization #: \_\_\_\_\_ (Required)

QUESTIONS? CALL: toll-free 1-877-743-7847 FAX: toll-free **1-877-743-7839**  
**EMAIL:returns@smartmedcare.com**

RETURN TO:  
Smartmedcare.com  
4241 Fraser Street, Vancouver BC,  
Canada V5V 4G1.

### Contact Information:

YOUR NAME: \_\_\_\_\_  
DELIVERY ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_  
PHONE NUMBER (DAYTIME): \_\_\_\_\_ EXT. \_\_\_\_\_  
PHONE NUMBER (EVENING): \_\_\_\_\_

### Order Information:

ORDER NUMBER: \_\_\_\_\_  
ITEMS BEING RETURNED: (Less shipping and handling charges)

Qty	Item Description						

REASON FOR RETURN: \_\_\_\_\_  
\_\_\_\_\_

### ITEMS BEING EXCHANGED:

Qty	Item Description						

REASON FOR EXCHANGE: \_\_\_\_\_  
\_\_\_\_\_



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Payment Information: If the total of your exchange or new order exceeds the value of your return, please provide method of payment.

CARDHOLDERS NAME: \_\_\_\_\_

TYPE OF CREDIT CARD: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_/\_\_/\_\_ SIGNATURE: \_\_\_\_\_

**Thank you for shopping with us.** You will be notified by email as soon as we receive and process your completed Sports Med Product Return and Exchange form.