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ENAGIC CANADA CORP.

RETURN AUTHORIZATION FORM

DATE _____

CUSTOMER ID# _____

FIRST NAME _____

LAST NAME _____

STREET _____

CITY _____

PROVINCE _____

POSTAL CODE _____

PHONE NUMBER _____

APPLICANT SIGNATURE _____

SPONSOR INFORMATION

FIRST NAME _____

LAST NAME _____

SPONSOR ID NUMBER _____

PHONE NUMBER _____

SIGNATURE _____

REASON FOR RETURN

MODEL

- ANESPA DX
- SD 501
- SD 501 PT
- K8
- JR II
- LEVELUK R
- UKON

PRODUCT CONDITION

- USED
- UNUSED

DAYS SINCE PURCHASE

- 3 - 7 DAYS
- WITHIN 1 MONTH

SHIPPING COST

C\$ _____

PRODUCT		COMMISSION		EFD	ACCOUNTING			
USED/UNUSED	DEDUCTION	PAID/UNPAID	DEDUCTION	DEDUCTION	RECEIVED AMOUNT		REFUND AMOUNT	
	\$	\$	\$	\$	\$		\$	
INITIALS	DATE	INITIALS	DATE	INITIALS	INITIALS	DATE	INITIALS	DATE

OFFICE USE ONLY