



# Profi Pro Product Return Request Form

Please complete this form and submit it to

customerservice@profiprohealth.com

Please include a copy with your returned merchandise.

## Customer Information

Full Name:

Address:

City:

Province / State:

Postal / Zip Code:

Telephone:

Email:

## Payment Information

Order or invoice number:

Name on Credit Card:

Credit Card Number:

Card Type:

Expiry:

CSV:

## Products For Return

Product Code	Product Description	Reason for Return	Quantity	Lot Number	Expiry Date
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*Once you have received confirmation that your Product Return Request has been approved, please send it to the following address.*

**1995 Clark Boulevard, Brampton, Ontario, Canada, L6T 4W1**