



# PRODUCT RETURN REQUEST FORM

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## SECTION 1: PURCHASER INFORMATION

First Name

Last Name

Address

City

Province/State

Postal/Zip Code

Country

Daytime Phone

Evening Phone

E-mail Address

## SECTION 2: PRODUCT INFORMATION

Where did you purchase your Shot Tec Training Device?

Do you have your original receipt?

Purchase Date

MM/DD/YYYY

Serial Number

## SECTION 3: REASON FOR RETURN

Why do you need to return your Shot Tec Training Device?

Is the damage to the Device mechanical or electrical?

Please fill out this form in its entirety to assist us in quickly processing your return.

Please allow 10 business days for your request to be reviewed, at which point we will contact you with further instructions on how to return the product to us. *ShotTec Inc reserves the right to refuse refunds based on their own discretion.*

Signed

Date

MM/DD/YYYY