



PRODUCT RETURN FORM

(Note: Please print clearly. Use all CAPITAL letters)

Product: _____

Your Name: _____

Address: _____

Address: _____

City/State/Zip: _____

Email (in all CAPS): _____

Date of Purchase _____

Store Purchased From: _____

Description of Problem: _____

Instructions: Please securely pack in a box or padded envelope, include a copy of your original purchase receipt, add tracking for the package, and please return the product and this form to:

Canlock Care

1610 Lockness Place

Torrance, CA 90501