



RETURN/EXCHANGE AUTHORIZATION REQUEST FORM

NO RETURNS NOR EXCHANGES unless an issue with the product, which will be examined.

All sales are final, and no return and/or exchanges are accepted. Please report missing item by completing a Refund/Exchange Authorization Form within 3 business days of receiving your order. Hans Biomed field representative cannot authorize returns and will not accept returned products. All aspects of returns will be strictly handled through Head Office.

CHECKLIST

Please make sure to include:

1. Filled out RETURN/EXCHANGE AUTHORIZATION REQUEST FORM
2. Items to be returned in their original packaging
3. Purchase invoice for the items

RETURN ADDRESS

To: HansBiomed USA Inc.
Attn: Returns/Exchange

10350 Heritage Park Dr. Suite 201
Santa Fe Springs, CA 90670

140 Sylvan Ave Suite 301
Englewood Cliffs, NJ 07632

CONTACT INFORMATION

hansusa@hansbiomed.com
562-777-7043 / 201-224-2333

FREQUENTLY ASKED QUESTIONS

How will my Return

Authorization be processed?

Please allow 5 business days for review of your Return/Exchange Authorization form and returned items. You will receive an email confirmation when review is complete.

How long until my refund is issued?

Please allow for 10 business days from the date of item return for the credit to be posted to your original form of payment.

How does exchanges work?

If an exchange is placed for a item(s) with a lesser value, the remaining amount will be refunded to the original form of payment.

If an exchange is placed for a item(s) with a greater value, the difference will need to be collected.

How do I report missing item(s)?

Please report missing item by completing a Refund/Exchange Authorization Form within 3 business days of receiving your order.

CUSTOMER DETAILS:

COMPANY NAME

COMPANY ADDRESS

CUSTOMER NAME

CONTACT NUMBER

EMAIL

INVOICE #

DATE:

RETURN PRODUCT NAME	RETURN PRODUCT BATCH NUMBER	RETURN PRODUCT QUANTITY

Reason for the Return:

- Defective item Expired item

Other: _____

Please check one:

- Return Exchange

For Exchanges, what items would you like:

PRODUCT NAME	PRODUCT QUANTITY

Please check one returning address:

- New Jersey California

Customer Signature: _____ Date: _____