



**RETURN AUTHORIZATION FORM\***

**\*Please print this page and include it with your return package.**

**Your name (last, first):** \_\_\_\_\_

**Your Order Number:** \_\_\_\_\_

**Contact E-mail Address:** \_\_\_\_\_

**Return Address:**

Name if different from above: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2 (apartment, suite): \_\_\_\_\_

City: \_\_\_\_\_

State/Province/Region: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone number (for shipping purposes): \_\_\_\_\_

**Reason for Return/Repair:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Notes\*:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*If the ShotKam was purchased under a different name (as a gift, etc.), please name the original purchaser here.