

HealthPod Return Form

Please print off and return with your item(s).

Sold to:	Shipping Address: (if different)
Name:	Name:
Address:	Address:
City:	City:
Prov/State:	Prov/State:
Postal Code/Zip:	Postal Code/Zip:
Daytime phone:	Daytime phone:
Email:	Email:

Order Number: _____

(Your order number can be found on your original email confirmation.)

Note the item that you are returning:

Quantity	Item	Reason for Return

All items must be returned *unused*.

Credit Card information to process refunds:

Visa or MasterCard:

Expiry Date:

Please send your return/exchange via regular post, not a courier company like Fed Ex or UPS to:

B.l.i.s. (because life if special) Inc.
2314 4th Avenue NW
Calgary, AB T2N 0N9
Canada