



RETURN AUTHORIZATION FORM

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ENAGIC CANADA CORP.

APPLICANT INFORMATION

ID# _____

DATE _____

FIRST NAME

LAST NAME

STREET

CITY

PROVINCE

POSTAL CODE

PHONE NUMBER

APPLICANT SIGNATURE

SPONSOR INFORMATION

FIRST NAME

LAST NAME

SPONSOR ID NUMBER

PHONE NUMBER

SIGNATURE

REASON FOR RETURN

MODEL

- ANESPA DX
- SD 501
- SD 501 PT
- K8
- JR IV
- UKON SIGMA
- UKON DD

PRODUCT CONDITION

- USED
- UNUSED

DAYS SINCE PURCHASE

- 3 - 7 DAYS
- WITHIN 15 DAYS

SHIPPING COST

C\$ _____

PRODUCT		COMMISSION		EFD	ACCOUNTING			
USED/UNUSED	DEDUCTION	PAID/UNPAID	DEDUCTION	DEDUCTION	RECEIVED AMOUNT		REFUND AMOUNT	
	\$	\$	\$	\$	\$		\$	
INITIALS	DATE	INITIALS	DATE	INITIALS	INITIALS	DATE	INITIALS	DATE

OFFICE USE ONLY

Updated January 2023