



CUSTOMER REFUND APPLICATION



300 Joseph Carrier, Vaudreuil-Dorion, QC
J7V 5V5 Canada

Customer Service

888-917-7779
(M-F 8:30 a.m. – 9:00 p.m. EST)

Internet Address

www.immunotec.com

Fax

877-424-5050

Please use a pen and print clearly in all of the spaces provided.

INDEPENDENT CONSULTANT INFORMATION

ID Number				
Name				
Last		First		Middle
Address				
City	Province		Postal Code	
	Fax			
Independent Consultant Signature _____				

RETAIL CUSTOMER INFORMATION

Name				
Last		First		Middle
Address				
City	Province		Postal Code	
	Fax			
Retail Customer Signature _____				

Product	Qty	Date Sold	Lot# / Exp. Date

CUSTOMER REFUND WARRANTY CONDITIONS AND REQUIREMENTS

1. The Customer Refund Application form is used for Immunotec products sold by an Immunotec Independent Consultant ("Consultant") to a Retail Customer.
2. Immunotec Inc. ("Immunotec") must receive the Customer Refund Application form within **thirty (30)** days of the Consultant providing the cash refund to the Retail Customer. Replacements will be shipped to the Consultant's address on file.
3. All information on this form must be accurate and complete. Incomplete forms will be returned to the Consultant.
4. All Customer Refund Application forms must be accompanied by the portion of the package displaying the lot number(s) and the Consultant's copy of the Sales Slip.

Immunotec reserves the right to refuse any Customer Refund Application requests or forms for failure to meet any one of the requirements stated above.

Forward Customer Refund Application Form to:

Immunotec Inc.
Customer Refund Warranty Department
300 Joseph Carrier, Vaudreuil-Dorion (Quebec) Canada J7V 5V5