



CUSTOMER REFUND APPLICATION



3 Label Lane, Swanton, VT
05488 USA

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


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

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

INDEPENDENT CONSULTANT INFORMATION

ID Number				
Name				
	Last	First	Middle	
Address				
City		State		Zip
		Fax		
Independent Consultant Signature _____				

RETAIL CUSTOMER INFORMATION

Name				
	Last	First	Middle	
Address				
City		State		Zip
		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 Research 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 Research Inc.
Customer Refund Warranty Department
300 Joseph Carrier, Vaudreuil-Dorion (Quebec) Canada J7V 5V5