

RA Number: \_\_\_\_\_

Please call our Office for RA Number  
**(800) 439-8995**

Order Number: \_\_\_\_\_

**Your Information**

Office Use Only

Name: \_\_\_\_\_

Receive

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

Account

City/State/Zip: \_\_\_\_\_

Total

Daytime Phone: \_\_\_\_\_

Shipping

Fax Number: \_\_\_\_\_

Credited

Email: \_\_\_\_\_

Review

**Reason for Return**

(please check one)

- Duplicate Order
- Ordered in Error
- Incorrect Item
- Damaged / Defective
- Other

**Return Instructions**

**Please follow these instructions to help ensure proper credit**

**Additional Details**

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

1. Complete Form
2. Call our Office  
(800) 439-8995
3. Obtain RA Number
4. Repackage Order  
Use Original Material  
Enclose RA Form
- 5A. Hold for Pickup
- 5B. Mail to Warehouse

**Refund Information**

Method of Payment:     Cash     Check     Credit Card

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Questions**  
alizzi@safetymate.com

**Disclosure**

I hereby state that the information provided on this form is true and correct to the best of my knowledge. Refund for the total amount of the order, including any applicable sales tax and minus shipping and/or return postage (unless product was defective) will be issued within 3 business days of receipt. SafetyMate, Inc. reserves the right to make adjustments regarding damaged/defective products.

**Warehouse Address**  
Returns Center  
SafetyMate, Inc.  
1642 McGaw Ave  
Irvine, CA 92614-5632

Authorized Signature: \_\_\_\_\_