



**RETURN AUTHORIZATION FORM**  
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Did an item arrive damaged or defective? We apologize for the inconvenience. Simply fill out the following information and we'll figure out what went wrong and make it right.

Return/Exchange Form  
Our return address is as follows:

VIPER Emergency Medical Restraints LLC.  
Attn: Returns  
37 Fox Hill road  
Shrewsbury Ma, 01545

Please fill out the following information, print, and include with your return/exchange.

I would like to receive a:

- Refund
- Exchange

For: \_\_\_\_\_ Qty: \_\_\_\_\_

|                             |  |
|-----------------------------|--|
| First name:                 |  |
| Last name:                  |  |
| Phone #:                    |  |
| Email:                      |  |
| Order #:                    |  |
| Reason for return/exchange: |  |