



RETURN/EXCHANGE FORM

SEND RETURNS TO : **GUIDARAX** (Attn:Returns/Exchanges)
P.O. Box 5240
Miller Place, N.Y. 11764

FOR MORE INFORMATION CONTACT US AT :

EMAIL: info@guidarax.com TELEPHONE: 631.928.0071

STEP 1: CUSTOMER INFORMATION

ORDER NUMBER: _____

BILLING ADDRESS

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

PHONE _____

EMAIL _____

SHIPPING ADDRESS

(If different from Billing Address)

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

PHONE _____

EMAIL _____

STEP 2: PLEASE CHECK THE APPROPRIATE BOX: RETURN EXCHANGE

REASON FOR RETURN: _____

Thank you from **GUIDARAX**.

You will receive a confirmation via email when your return has been processed.

Please provide the email address to best reach you _____