1. Customer Info:

First and Last Name: /Prenom et Nom		
Street Address (WE CANNOT MAIL TO PO BOXES):Addresse civile		*Apt.:*
City:VILLE	*PROVINCE*	*CODE POSTALE*
Telephone Number:NUMERO DE TELEPHONE	*Cell Phone Number:*	*Email Address: ADDRESSE COURIEL*

2. Product Info:

Product Description:/DESCRIPTION DE PRODUIT:	SKU #: *(This can be found on the back of the packaging next to the barcode or on the product itself)*
Cell Phone Provider:FOURNISSEURE DE TELEPHONE CELLULAIRE	Phone Model:MODELE DE CELLULAIRE
What store was the product purchased from?QUELLE MAGASIN AVAEZ VOUS ACHETEZ:	Date of Purchase:DAE D'ACHAT
Please describe the problem with the product in detail:SVP DECRIRE LE PROBLEME VEC LE PRODUIT:	

Customer: Fill out all sections completely. Mail this form back with the defective product.

CLIENT: SVP REMPLISSE TOUTES SECTIONS AU COMPLET. POSTEZ LE FORMULAIRE AVEC LE PRODUIT DEFECTUEUX.

There is a shipping and handling charge of $9.00 for each product being sent to you. You must have a sales receipt to prove the date of purchase.
IL Y A DES FRAIS DE $9.00 DE TRANSPORT POUR CHAQUE PRODUIT QUE VOUS RENVOYEZ. VOUS DEVRIEZ AVOIR UN RECU DU MAGASIN, POUR PROUVEZ LA DATE D'ACHAT.

You may pay by check or money order or cash. Please make payable to National Mobilite. Mail this form back with the defective product, and payment/receipt to:

VOUS POUVEZ PAYE PAR CHEQUE OU ARGENT COMPTANT. SVP EMMETRE LE CHEQUE AU NOM DE NATIONAL MOBILITE. POSTE LE PRODUIT DEFECTUEUX, L'ARGENT ET CE FORMULAIRE A:

National Mobilite
8090A Transcanada
St Laurent, Quebec, Canada
H4S1M5

DO NOT WRITE BELOW THIS LINE – FOR NATIONAL MOBILITE USE ONLY
NE PAS ECRIRE-POUR NATIONAL MOBILITE SEULEMENT

1. Received:

Product(s) Received: Yes ❑ No ❑ SKU#

Receipt Received: Yes ❑ No ❑ Purchase made over 90 Days ago? Yes ❑ No ❑

2. Payment Info:

❑ **Check** Check #: Amount:	❑ **Money Order** MO #: Amount:

3. Notes:

NATIONAL
MOBILITÉ