KHN Solutions LLC

toll free: 877.334.6876 tel: 415.693.9756

fax: 415.358.8030

Return Authorization Request

To return an item, just follow the directions below:

- 1. Call our toll-free support line at 877-334-6876 to get a Return Authorization Number.
- Pack the item(s) securely. All returned products must be in the condition they were received in, as well as in their original packaging. Please remember to include all warranty cards and manuals.
- 3. Fill out this form and include with your return.
- **4.** Send your package **to the appropriate address (see page 2)** via UPS, FedEx or insured Parcel Post. (Please note that shipping charges cannot be refunded.)

Order Information		
Order Number		
Original Order Date		
Contact Name		
Address		
Telephone		
Email Address		
Product Being Returned		
Reason for Return 🚨	Return Within 14 Day Period (15	5% restocking fee may apply)
	Defective \Box	Exchange/Upgrade
	Other (please describe):	

(Please be sure to fill out both pages of this form and to sign and date it as well.)

Defective Product Information (please fill out only if applicable to your return)				
Please Describe Problem				
If it has been more than 14 days since order date, defective products can only be exchanged for a replacement; credits cannot be issued outside this 14 day period.				
	g a defective AlcoHAV ent, please send your r	VK series product (Slim, Precision, ABI, Pro, Elite) and eturn to this address:		
	Q3 Service Center 2349 Jamestown Ave., Suite 4 Independence, IA 50644			
If you are returning a BACtrack Breathalyzer , please send your return to this address:				
	KHN Solutions LLC / 300 Broadway St. Ste San Francisco, CA 94	26		
Return for Refund/Credit/Other (please fill out only if applicable to your return)				
Credit Refund to Billing Credit Card?		No		
Has the Product Been Used?		No		
Customer Notes	<u> </u>			
All products returned for credit / exchange / other should be shipped to this address:				
	KHN Solutions LLC / 300 Broadway St. Ste San Francisco, CA 94	26		
Customer Acknowledgem	ent			
I have read the KHN Solution form is correct.	ons Return Policy a	nd I certify that the information supplied on this		
Customer Signature	Date	Return Authorization Number		

(Please be sure to fill out both pages of this form and to sign and date it as well.)