



Dear Customer:

Please fill out this form and include it with the product in the original packaging.

Date: / /

SHIP TO:	SHIPPED FROM:
Epic Cycles Service Center 6221 Highway 7 W, Unit 1 Vaughan, ON L4H 0K8	

Invoice Number:	Is this an Exchange or Return?
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Item Serial #	Description	Quantity

What is the reason for the return or exchange?
(Please fill out a detailed description)

6221 Hwy 7 W Unit 1
Vaughan, ON L4H 0K8
Sales@epiccycles.ca
Ph: (647) 715-9000
www.epiccycles.ca