



Return Authorization Request Form

Returns to iWALKFree, Inc. are limited to items purchased from us directly. Items purchased from one of our dealers should be returned through them directly. Please note that their return policies may be different than ours.

Original Invoice Number: _____ Date Crutch Received by you: _____

Original Invoice Date: _____ RA Request Date (today): _____

Purchaser information:

Name		
Address		
City	State	Zip
Email Address	Phone Number	

Recipient and ship to information (if different than Purchaser information above):

Same Recipient

Same Address

Name		
Address		
City	State	Zip
Email Address	Phone Number	

Please select the following reasons for your return:

Defect (provide details below)

Doctor instructions (provide details below)

Cannot adapt (provide details below)

Other (provide details below)

Does not fit (provide details below)

Change in Recovery plan

Reason for Return (Please be detailed):



Before your original purchase:

Did you confirm that you are a good candidate based on the [“Can I Use It?” Page?](#) **Yes** **No**

Did you review and agree to adhere to our instructions on [Assembly, Fitting and Use?](#) **Yes** **No**

Before requesting to return:

Do you understand that shipping charges (to and from) are not refunded? **Yes** **No**

Have you reviewed our [return policy](#) and understand the terms and conditions? **Yes** **No**

Do you understand that returns without the Return Authorization number clearly marked on the outside of the package and or without a copy of the Return Authorization inside the carton will not be processed? **Yes** **No**

Will you ship the returned item to the address provided on the Return Authorization? **Yes** **No**

Please acknowledge the following:

Terms and Conditions for Returns:

Returns must be requested within 5 days of receiving your shipment. In special circumstances, iWALKFree, Inc. may elect to accept returns beyond the 5 day period, however, these returns may be subject to a 20% restocking fee.

Returned crutches must be in new or near new condition. Crutches showing signs of significant wear, use or misuse may be refused or subject to refurbishment costs to replace damaged or worn components.

Upon acceptance of your return request, you will be issued a Return Authorization form, which will instruct you on how to proceed. You will also receive repackaging instructions.

To insure a proper credit, all returns must include the Return Authorization Number issued by us, clearly legible on the outside of the carton, and a copy of the Return Authorization must be included inside the package. Returns without RA numbers will not be processed.

Shipping of returned items must be done within 7 days of receiving your Return Authorization and must be repackaged according to our repackaging instructions. Items shipped after the 7 day period may be subject to a restocking fee.

The cost of shipping the returned merchandise to us is your responsibility. Improperly packaged returns may be subject to an additional handling charge. Shipping damage as a result of improper repackaging may be subject to a refurbishment charge.

I understand and accept the terms and conditions **Yes** **No**

When completed, click SUBMIT FORM below.

(If form does not automatically transmit, save the form and e-mail to sales@iwalk-free.com)

After submitting, your request will be reviewed and upon acceptance a Return Authorization including shipping instructions will be e-mailed back to you.

*If you have trouble viewing or filling out this PDF document, please download the free Adobe Reader program here: <http://get.adobe.com/reader/>