

NAME: _____
ADDRESS: _____

TELEPHONE NUMBER: _____
EMAIL ADDRESS: _____

REASON FOR RETURN: _____

DESCRIBE CONDITIONS WHEN MALFUNCTION IS HAPPENING

ALL RETURNS MUST BE SENT TO:
VYTAMENC TACTICAL LLC
3150 E. LA PALMA AVE. SUITE F
ANAHEIM CA 92806

- * PLEASE PRINT CLEARLY
- * ALL FIELDS MUST BE COMPLETED
- * INCLUDE RECEIPT
- *
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