



## Refund/Exchanges/Warranty/Total CARE Bracelet Protection

Please complete the contact information and the product details sections below for Refund/Exchange/Warranty/Total CARE Bracelet Protection of merchandise and mail to:

**CARE Medical History Bracelet/GC Publishers**

**ATTN: Customer Service  
8407 Bandera Rd. Suite 103-485  
San Antonio, TX 78250**

<b>Today's Date:</b>	
<b>Full Name:</b>	
<b>Address:</b>	
<b>City/St/Zip:</b>	
<b>Phone:</b>	
<b>Email:</b>	

Office: (210) 681-3840; [www.medicalhistorybracelet.com](http://www.medicalhistorybracelet.com)

**PLEASE CHECK ONE:**

- REFUND** - Must have been purchased thru website: [www.medicalhistorybracelet.com](http://www.medicalhistorybracelet.com) . CARE Medical History Bracelet will credit refund for unused items within 30 days of purchase. Shipping and handling charges from the original shipment will not be refunded. All promotional items are excluded for refunds.
- EXCHANGES** – CARE Medical History Bracelet wants you to be satisfied with your merchandise. We will gladly accept exchanges of saleable merchandise in original condition within 30 days of purchase date accompanied by an original receipt. No Exceptions. All exchanges accompanied by original receipt will be subject to stock availability. All promotional items are excluded for exchanges. \*Please include a check or money order for \$4.99 shipping and handling fee.
- WARRANTY** - Must have been purchased thru website: [www.medicalhistorybracelet.com](http://www.medicalhistorybracelet.com) . There is a 30 day warranty on all items. Proof of purchase required. If defective item(s) is being replaced within the 30 day warranty period there is no charge. However past the 30 days there is a \$13.09 charge for each item. \*Please include a check or money order.
- TOTAL CARE BRACELET PROTECTION** – Must have been purchased at the same time the bracelet was purchased thru website: [www.medicalhistorybracelet.com](http://www.medicalhistorybracelet.com) . Two (2) claims may be submitted within 12 consecutive months from the original date of purchase. Applicable covered incidents: physical damage, mechanical failure or normal wear and tear. Non-applicable: loss of BRACELET BAND or USB. Claim replacement BRACELET BAND or USB will be a new manufactured model. Please \*include a check or money order for \$2.99 for shipping fee per claim. Please select one of the following: \_\_\_\_\_ Filing Claim #1 \_\_\_\_\_ Filing Claim #2

**\*Please make check or money order payable to: GC PUBLISHERS.**

**\*Amount enclosed: \$** \_\_\_\_\_ **\*Check #/Money Order #:** \_\_\_\_\_

Qty	Describe contents in this mailing: Is it a bracelet, history card or keychain?	Color	Size	Price	Amount
Qty	I would like to exchange it for: Bracelet, history card or keychain?	Color	Size	Price	Amount

**Do not write below. This section is for Care Medical History Bracelet internal office use only:**

**Date received:** \_\_\_\_\_ **Date shipped:** \_\_\_\_\_