

Fill in all sections · Add this form to your package · Ship or bring to:

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1. TYPE OF REQUEST

- 30-day free return** - item unused, in original condition and packaging
- Warranty claim** - manufacturing defect under normal use (within 2 years of purchase)

2. YOUR DETAILS

Full name

Order number

Email address

3. ITEM(S) BEING RETURNED OR CLAIMED

PRODUCT NAME	QTY	REASON / ISSUE

4. I PREFER

- Refund to my original payment method
- Replacement with a new item (same product)
- Replacement with a different item - specify:

5. SHIP MY RESOLUTION TO

- My shipping address from the original order
- Other address - specify: