



CUSTOMER RETURN SHEET

ORDER NUMBER: _____

PURCHASED FROM: _____

DATE PURCHASED: _____ TODAY'S DATE: _____

MODEL: _____

SERIAL NUMBER: _____

FULL NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

RETURN SHIPPING ADDRESS: _____

- ☐ CHECK IF YOU NEED TO RETURN ONLY FOR A FULL REFUND
- ☐ CHECK IF YOU NEED TO RETURN FOR A REPAIR AND WRITE DOWN YOUR - RA # _____
- ☐ CHECK IF YOU ALREADY GOT A NEW UNIT
- ☐ CHECK IF YOU NEED AN EXCHANGE FOR THE SAME UNIT
- ☐ CHECK IF YOU NEED A DIFFERENT UNIT (Approval is required by our company) requested unit model #: _____

REASONS FOR YOUR RETURN AND / OR REPAIR

NOTE:

- Make sure to register your product for the warranty on our website before shipping this unit for a repair.
- If the product's warranty has expired, the customer is responsible for all shipping cost as well as all the repair and labor cost.

PLEASE INCLUDE THIS SHEET WITH YOUR RETURN

Return Shipping Address:
6230 Irvine Blvd. STE#103,
Irvine, CA 92620