



Xtreme Heaters Return Authorization Form

Please complete this form and place it in the box with product you are returning

Date: ___ / ___ / ___ Product Serial Number: _____

Name: _____

Shipping address (for replacement): _____

Phone Number: _____

Email Address: _____

Date of Purchase: _____

Place of Purchase: _____

Please Describe the Problem or Symptoms:

Please print this form and include it in the box with the product you are returning