



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. Pack the product well to prevent damage and ship to Xtreme Heaters, 5322 Palmero Court, Suite 300, Buford, Ga 30518