



O.penVAPE

1147 Broadway Denver Colorado 80203

Attn: Returns

Return Authorization Form

(please fill out, print and include this form with your return)

Name:

Ship to Address:

State:

City:

Zip:

Email address:

Phone number:

Purchased from:

(Please include dispensary name or website, address, city, state, zip):

Date purchased:

Reason for return:

- Please remember to only include the battery in your return. DO NOT include the cartridge or mouthpiece with your return.
- By being in possession of this item and by contacting us to facilitate a return under our lifetime warranty, you hereby affirm that you are at least 21 years old and use our product in compliance with all applicable state and local laws within your jurisdiction.
- Please DO NOT send any illegal matter or items with illegal residue on them.

Please select what pen you sent in, and then choose the color you would like for replacement.

O.riginal Battery

Black

Pink

Green

Grey

Orange

Blue

Variable Voltage 2.0 Battery

Silver

Purple

Camouflage

Black

Wood Grain

Rose Gold

White

American Flag

Gold

Blue