



# FAR INFRARED HEALTH INC.

Head Office: 2620 Regatta Dr., Suite #102, Las Vegas, NV 89128 USA  
www.farinfraredhealth.com

Return Authorization #: \_\_\_\_\_

Today's Date: \_\_\_\_\_

E-Mail: ranumber@farinfraredhealth.com

## RETURN AUTHORIZATION FORM

Please fill this form out completely!

|  |
|--|
| <b>Sold To:</b>                              |
| Name:  |
| Address:                                     |
|  |
| City:  |
| State:                                  Zip: |
| Country:                                     |
| Phone:                                       |

|                      |
|----------------------|
| <b>Order Details</b> |
|----------------------|

**Order id #** \_\_\_\_\_

| Product Code | Description |
|--------------|-------------|
|              |             |
|              |             |
|              |             |

|   |
|---|
| <b>Explain your request ie: what you want - items you want exchanged or returned etc.</b> |
|   |

Delfin Merchandise may be returned within 30 days from the date of order in original packaging material. There is a 15% administration fee on all refunds. No fees for exchanges.  
 Original shipping and handling and return postage charges cannot be refunded. No refunds for Manufactured Seconds, Discounted or Bargain items  
 Merchandise with manufacturing flaws will be replaced within 30 days from the date of order. You will need to supply picture/images of flaws for replacement approval.

|                             |  |
|-----------------------------|--|
| <b>For Office Use Only:</b> | <b>Mail Firma Products to:</b><br>HMG Inc.<br>Attn: Returns Department<br>5755 176 Street<br>Surrey, BC V3S 4E1 Canada |
| Received By:                |  |
| Condition:                  |  |
| Date Received:              |  |
| Comments:                   |  |

All returns MUST be accompanied by this form.