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!

Sold To:
Name:
Address:
City:
State: Zip:
Country:
Phone:

Order Details
Order id # _____

Product Code	**Description**

Explain your request ie: what you want - items you want exchanged or returned etc.

INVEL 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.

For Office Use Only:
Received By:
Condition:
Date Received:
Comments:

Mail INVEL Products to:
Attn: Returns Dept.
Invel Bioceramic Products
8243 Narcoossee Park Dr., Suite 416
Orlando, FL 32822
USA

All returns MUST be accompanied by this form.