



# FAR INFRARED HEALTH INC.

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

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

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

Returns Department: c/o PO Box 4371 Smithers, BC V0J2N0 Canada

E-Mail: ranumber@farinfraredhealth.com

## RETURN AUTHORIZATION FORM

Please fill this form out completely!

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

Method Of Original Payment:
__ Visa __ MasterCard __ PayPal __ Check __ M/O
Name on Card: _____
Last 4 digits of your Card: _____
Expiry Date: _____
PayPal Email: _____

Copy of Invoice Included?     Yes     No

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

Product Code	Description

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

Merchandise may be returned within 90 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: _____

**\*\* US & INTERNATIONAL CUSTOMERS \*\***

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**DO NOT SEND PACKAGE BACK BY UPS COURIER SERVICES.**

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To avoid additional fees, return your package by **FIRST CLASS MAIL** to:

FarInfraredHealth.com  
Attn: Returns Department,  
c/o PO Box 4371  
Smithers, BC V0J2N0 Canada

**You will need** the Postal Service Customs Declaration Green or White sticker (supplied by your postal outlet).

Include the following:

a) in the description box write	"RETURNING CANADIAN MANUFACTURED PRODUCT".
b) Customs Value	\$0.00

All returns MUST be accompanied by this form.