



FAR INFRARED HEALTH INC.

2620 Regatta Dr., Suite #102, Las Vegas, NV 89128
Toll Free phone: 1-888-327-9663

Return Authorization #: _____

Today's Date: _____

Returns Department: 2225 - 21331 Gordon Way, Richmond, BC V6W 1J9 Canada

E-Mail: inquiry@farinfraredhealth.com
www.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:
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> PayPal <input type="checkbox"/> Check <input type="checkbox"/> M/O
Name on Card: _____
Credit Card#: Last 4 digits of your card..... _____
Expiry Date: _____

Original Invoice #: _____ or Original Order # or ShoppingCart #: _____

Copy of Invoice / Shopping Cart Order Included?: Yes No

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 will not be refunded. Manufacturer defective merchandise will be exchanged if returned within 90 days from the date of order. No refunds for Manufactured Seconds, Discounted or Bargain items.

For Office Use Only:	** US & INTERNATIONAL CUSTOMERS **	
Received By: _____	=====	
Condition: _____	DO NOT SEND PACKAGE BACK BY UPS COURIER SERVICES.	
Re-Sellable?: <input type="checkbox"/> Yes <input type="checkbox"/> No	=====	
Date Material Received: _____	To avoid additional fees, return your package by REGULAR PARCEL POST to:	You will need the USPS Postal Service Customs Declaration Green or White sticker (supplied by your postal outlet). Include the following:
Date Replacement issued: _____	FarInfraredHealth.com	a.. Write "CANADIAN GOODS BEING RETURNED" in the description box.
Date Refund Issued: _____	Attn: Returns Department, 2225 - 21331 Gordon Way, Richmond, BC V6W 1J9 Canada	b.. Customs Value = \$0.00
Comments: _____		

All returns MUST be accompanied by this form.