

# Authorization Form Return Merchandise (RMA)

Order Number	
Name	
Phone Number	

Email Address	
Shipping Address	
City / State / Zip	

## INSTRUCTIONS:

Please select one option below:

Place product(s) to be returned in a padded envelope along with this completed RMA form and return to the address indicated above.

**1 Year Product Warranty Claim** - I am returning faulty parts under the One Year Warranty to be replaced.

**OR**

**365 Day Exchange/Store Credit** - I am returning the enclosed products for an Exchange or Store Credit

**OR**

**30 Day Money Back Guarantee** - I am returning my ENTIRE order under the 30 Day Money Back Guarantee for a refund.

*For full terms and conditions visit [www.ElectronicCigarette.com](http://www.ElectronicCigarette.com)*

\***ALL** Products **MUST** be accompanied by an RMA form or they will not be processed.

\***ALL** 30 Day Guarantee requests **MUST** be received within 30 days of the original shipment date.

\***ALL** items and packaging **MUST** be included.

**NOTE:** If any of the above instructions are not followed, your claim may be denied.

Under the 30 Day Money Back Guarantee any items missing or damaged may be deducted from any refund.

ITEM	QTY

**Reason for Claim:**

**NOTE:** Due to health policy, we CANNOT exchange or return cartridges, cartomizers or e-liquid..