



RETURN MERCHANDISE AUTHORIZATION FORM

CUSTOMER INFORMATION

FULL NAME:			
SHIP TO ADDRESS:			
ADDRESS			
CITY:	STATE:	ZIP CODE:	
EMAIL ADDRESS:			
PHONE NUMBER:			
ORDER ID: (if you have one)			
PURCHASE DATE	WHERE DID YOU PURCHASE:		

PRODUCT(S) Problem Description:

Problems?

Due to health concerns, we can NOT accept any Cartomizers or Disposable e-Cigs for replacement. If received, they will be recycled. Thank you

RETURN INSTRUCTIONS:

- 1) Please pack product(s) in original packaging, if available otherwise a padded envelope is fine
- 2) Please include a copy of your receipt or proof of purchase if you have it. If not available, please estimated date of purchase in description field above.
- 3) Throw this form in your package and mail to us, the address is below. We can't process without it!

PLEASE SHIP TO:

**Vapage/CIG2o Warranty
750 Calle Plano
Camarillo, CA 93012**

We would like to thank you for your business, and we will do our best to help you! Warranty requests are usually processed in 1-2 business days

INTERNAL USE:

DATE RECEIVED:

PRODUCT CODE	PRODUCT DESCRIPTION	QTY	INITIALS