Replacement Policy:
Products purchased through Vapor Nation and under warranty may be returned for replacement by following these steps:

1. Contact Vapor Nation Customer Service at 1-888-321-VAPOR to obtain an RMA Number.
2. Fill out the Return Material Authorization Form in its entirety, place the RMA Form in the box with the item(s) being returned.
3. Return the authorized item(s) per shipping instructions.
4. Our Returns Department will process your request.
5. RMA forms can be obtained by:
   - Website www.vapornation.com
   - Contacting Customer Service at 1-888-321-8276

**Under Warranty (Must provide original order number and date in order to verify warranty coverage).*

Return Material Authorization (RMA) Form

Company :_____ Contact Name:_____

Address:_____

City:_____ State:_____

Zip:_____

Email Address:_____

Phone:_____

Fax:_____

RMA No:_____ Date Issued:_____

(Obtained from Vapor Nation Customer Service)

QTY	PART NUMBER	DESCRIPTION	REASON FOR RETURN	SALES INVOICE NUMBER	SALES INVOICE DATE

Shipping Instructions:

1. The bottom of the original packing slip contains Vapornation's return address. Use this portion of the form to affix to the box (s).
2. Be sure to obtain an RMA number and clearly mark the outside of the box(s) with this number.
3. Ship only the items that are authorized.
4. Ship returned items to:
   ATTN: Returns Dept.
   Vapornation
   13468 Beach Avenue
   Marina Del Rey, CA
   90292-5624

Shipments received by Vapor Nation without an RMA number will be refused.

Sample Address label with RMA number

John Smith

XYZ Corporation RMA#: 123456

123 Main Street

Vapornation
ATTN: Returns Dept.
13468 Beach Avenue Unit A
Marina Del Rey CA, 90292-5624

Use this space for additional Comments:

_____
_____
_____

Customer Signature:_____
Date:_____

Return Approval:_____
Date:_____

For Internal use only

RMA#_____ *Restocking fee_____* *Credit Amount_____*
Issued by_____ *Return rec'd on_____* *Credit issued by_____*
Issued on_____ *Return rec'd by_____* *Credit issued on_____*
Good until_____ *Rep _____*
Replacement sent_____
Restock Date _____