

## RECONDITIONING & EXCHANGE FORM

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ORDER # \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ XTECH REP \_\_\_\_\_

EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

- ☐ REPAIR (SANITIZE AND RECERTIFY NOT INCLUDED)
- ☐ SANITIZE AND RECERTIFY (Xtech certification sticker for the upcoming year)  
Additional charges may apply
- ☐ REFUND
- ☐ EXCHANGE ONLY (Include in notes)

NOTES FOR  
WAREHOUSE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please ship to: Xtech Protective Equipment, LLC  
Attn: Returns Department  
13 Great Meadow Lane Facility E  
East Hanover, NJ 07936

Please note: Shipping will need to be paid for prior to having your pad shipped back.  
An Xtech Representative will reach out for payment.

Any questions please contact:  
[nlatorraca@xtechpads.com](mailto:nlatorraca@xtechpads.com)  
[kmills@xtechpads.com](mailto:kmills@xtechpads.com)

**REFUNDS AND EXCHANGES ARE ACCEPTED WITHIN 30 DAYS OF PURCHASE FOR UNUSED PADS ONLY**  
**PLEASE INCLUDE THIS SHEET IN THE BOX YOU SHIP BACK**