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
321 Changebridge Road Unit 301
Pine Brook, NJ 07058

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
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