



CUSTOMER RETURN SHEET

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

PRODUCT: _____ MODEL #: _____

WHEN PURCHASED: _____ WHERE: _____

RECEIPT YES/NO: _____ (INCLUDE COPY IF AVAILABLE)

DESCRIBE THE ISSUE YOU ARE HAVING:

HAVE YOU PERFORMED OUR AIR TEST?: _____ RESULTS: _____

IF AIR TEST PERFORMED AND STILL NO HEAT, PLEASE INCLUDE THIS SHEET AND RETURN PRE-PAID TO:

FARM INNOVATORS, INC.
2255 WALTER GLAUB DR
PLYMOUTH, IN 46563
ATTN: PRODUCT RETURNS

WE WILL TEST THE UNIT HERE AND REPAIR OR REPLACE IF UNDER WARRANTY.