



Product Return Form

Order Number: _____

RMA# Number: _____

Date of Purchase: _____

Customer Name: _____

Product Being Returned: _____

Description of Defect/Reason for Return:

Exchange or Refund? _____

Shipping Instructions:

To be processed, returns must include the defective product, all accessories, and the original packaging.

Please ship to:

*CPAPDirect
ATTN: Returns
159 Cooper Road
West Berlin, NJ 08091
Email: sales@cpapdirect.com*