



## **RETURN AUTHORIZATION**

### **Instructions**

1. Complete the form below and submit it. It will be sent to [support@cdxlife.com](mailto:support@cdxlife.com). If you are unable to complete this form, you can reach us by telephone at 800-814-4550 or 858-434-0705 from 7:00 a.m. to 5:00 p.m. Pacific time.
2. A CDx Customer Service agent will contact you by email or telephone with the directions on to return your CDx product including a Return Authorization (RA) number for tracking.
3. Ship the product back using the shipping label and box that came with the replacement.

### **NAME and ADDRESS:**

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Address Line One: \_\_\_\_\_  
Address Line Two: \_\_\_\_\_  
Address Line Three: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **MAILING ADDRESS (If Different Than Above):**

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Address Line One: \_\_\_\_\_  
Address Line Two: \_\_\_\_\_  
Address Line Three: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **Product Information**

**Product:** \_\_\_\_\_ **Serial Number:** \_\_\_\_\_

### **Description Of Service Needed**

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