



Warranty Exchange Form

If you have an RMA# please write it here:

Mail packages to:

White Cloud Electronic Cigarettes
 Cartridge and Fling Claims Department
 PO BOX 1194
 Tarpon Springs, FL 34688

Please fill out this form and return the form along with your defective items to the address listed above. Please use a padded envelope or wrap your equipment in a paper towel to give the envelope bulk. Be sure to apply enough postage! We are not responsible for lost, damaged, or missing packages or items.

Name				
Return Address		City	State	Zip
Phone	Purchase Date	Email Address		

I AM RETURNING THE FOLLOWING PRODUCT(S):

Battery Model	Qty	Tip Type Crystal/Black/Grey	Battery Color White/Metal/Black	Reason For Return

Chargers	Qty	Reason For Return
USB Chargebolt		
Squid		
Phantom Squid		

Adapters	Qty	Reason For Return
Wall Adapter		
Car Adapter		

Other	Qty	Reason For Return