

HydroOptix 4.5 DD Return Sheet

This is a: Product Repair Product Return

Customer Name: _____
RMA #: _____
Invoice Date: ____ / ____ / ____
Address:
Street: _____

City: _____
State: ____ **Zip-Code:** _____
Ph #: (____) ____ - _____



I bought the mask from HydroOptix.

I bought this mask from my local dealer.

Store Name: _____

City: _____ State: _____

Ph #: (____) ____ - _____

Leaks

Damaged

Defective

Nose Bridge

Poor Fit – please explain below

INCLUDE PROOF OF PURCHASE

Please describe the issue in full:

WORLD'S ONLY PANORAMIC TRUE-VIEW™ MASKS

HydroOptix LLC 5631 Mesmer Avenue, Culver City, California 90230-6363

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