RETURN FORM



Please fill in the below form, then hit submit. Our customer service will review your submission then contact you. Fields marked with a * are required.

Full N	Name: *
Dayt	ime Contact Number: *
Addr	·ess: *
Subu	urb: * State: *
Emai	il: *
How	long have you had your Thermacell product? *
A n n r	covimately how many bytane carteidees have you used in this Thermasell product? *
Ahhi	roximately how many butane cartridges have you used in this Thermacell product? *
Plea	se be sure to try a second cartridge. Please detail the malfunction, tick all that apply:
	Hear flow of gas but no ignition (Try letting the gas flow for two minutes and then hit start, this will purge the appliance).
	No flow and No ignition.
	Mats don't turn white over time.
	Mats don't turn white over time.
	Mats don't turn white over time. Mats turn white in less than 3 hours of use.
	Mats don't turn white over time. Mats turn white in less than 3 hours of use. Start button does not click.

SUBMIT

RETURN FORM

FOR THERMACELL USE ONLY

Customer Service Rep Name:

Action/Response: