Return Authorization Form

Return Authorization Number (get from Chipmedics):

Name:

Phone:

Email:

Order Number:

Shipping Address:

Reason for Return or Replacement:

In case of replacement, please tell us what the problem is in detail to help us address it: color too light, too dark, less blue, etc.

Mail paint sample or return product to:

Chipmedics
82 Clair Street,
Irwin, PA 15642

Phone: **(724) 433-2190**
Email: **sales@chipmedics.com**