

Repair Authorization Form – benheck.com

Please fill out your Return Shipping Address:

Name:

Street Address:

City, State, Zip

Please fill out your email:

Email address:

Please describe the problem with the single handed controller:

PRINT OUT AND INCLUDE THIS FORM
INSIDE THE BOX OF ALL REPAIRS/RETURNS

www.benheck.com/single-handed-controller-repairs-returns/

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