



THE BEST THING TO HAPPEN TO CIGARS SINCE FIRE®

## CONSUMER RETURN FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Street: \_\_\_\_\_ Apt/Ste: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Where did you purchase this item? \_\_\_\_\_

When did you purchase this item? \_\_\_\_\_

*If returning a lighter:*

Did you use XIKAR butane in this lighter? \_\_\_\_\_

If not, what brand of fuel did you use? \_\_\_\_\_

As best as you can, please describe the issue(s) you are having with your product: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

XIKAR, Inc.  
PO Box 025757  
Kansas City MO 64102

[info@xikar.com](mailto:info@xikar.com)  
866-676-7380

When returning a lighter,  
please completely drain  
fuel before mailing.