



T hairapy 365 Warranty Return Form

Please fill out and include this form with the product you are returning to expedite the processing time of your replacement item.

First Name: _____ Last Name : _____

Address: _____ City: _____ State: _____ Zip: _____

Phone number: _____ - _____ - _____ Email: _____

Brief explanation for the return:

Where purchased: _____ Estimated date of purchase: _____

Also include:

A copy of the original receipt, if applicable

A check or money order in the amount of \$ 24.95 for shipping and handling

Return to:

TOL Inc c/o Thairapy 365 Customer Service

4680 East Los Angeles Avenue #E

Simi Valley, CA 93063