



REFUND REQUEST FORM

Please fill and complete all sections of this form. For further assistance, please email us at proof@terramera.com or call us toll-free at 1-800-597-9509.

Please note that our **Refund Policy** requires that:

- You must submit a receipt supporting your proof of purchase.
- Your refund request is subject to internal review and will be issued on the discretion of the reviewer.
- Your refund will be issued by mailed check.

Additional Terms

Please note that refund requests processed through Terramera, Inc. require a proof of purchase, product identification (UPC and Lot No.), and your personal contact information. Refunds will only be issued if requested within 30 days of purchase. The Refund Request Form must accompany your request and must be completed in full. Terramera, Inc. is not responsible for lost or late submissions. All refunds are subject to review and will be issued at the discretion of the review process. Receipt of used product may be required upon request. Checks will be issued by Terramera, Inc. in United States Dollars. Refunds will be issued in the form of a mailed check and may take up to six weeks for delivery. For the status of your refund, please contact 1-800-597-9509 and reference the case number provided to you upon receipt of your request.

SECTION A: Customer Details

Personal Information

LAST NAME

GIVEN NAME(S)

EMAIL ADDRESS

HOME PHONE NUMBER

Mailing Address

NUMBER

STREET

UNIT

CITY

STATE

ZIP CODE

SECTION B: Product Identification

UPC

(The 12-digit UPC number can be found on the barcode.)

LOT NO.

(Refer to seven-digit number on bottom of bottle.)

QUANTITY

UNIT PRICE

LOT NO.
(underneath)



Example UPC

SECTION C: Retailer Information**Retailer Identification**

RETAILER NAME

Retailer Address

NUMBER

STREET

UNIT

CITY

STATE

ZIP CODE

SECTION D: Complaint

Please describe your issue or complaint in as much detail as possible. The information you provide will be used to review your request.

SECTION E: Authorization

By signing below, I confirm that:

1. I am the original purchaser of the product being refunded.
2. I have included the necessary proof of purchase to accompany my refund request.
3. The refund is subject to internal review and the Additional Terms set out in the Return Policy. Inaccurate, incomplete, or insufficient information will lead to a refusal of my refund request.
4. Representatives of Proof[®] (Terramera, Inc.) may contact me to request for further clarification or information before my refund is processed.
5. As part of the refund process, I authorize Terramera, Inc. to send me a check via mail and understand that this might take up to six weeks.

By signing below, I understand and agree to all the above statements.

SIGNATURE

MONTH

DAY

YEAR

SECTION F: Submission

Please return your completed form to:

By mail:

Proof Dispute Resolution
250 H Street #303
Blaine, WA 98230-4018

By email:

Attach your completed form and email the PDF to: proof@terramera.com

You will be notified by email when your refund has been processed. Please allow six weeks for your check to arrive in the mail. If you still have questions, please contact us at 1-800-597-9509 or visit us online at www.bugproof.com.

SECTION G: (Office Use Only)

Supplement 1:

Supplement 2:

(1) | | | | | | | | | | | | | | | | | | | | | |

(2) | | | | | | | | | | | | | | | | | | | | | |

The personal information collected, used, and disclosed in this form is necessary for the administration of your refund. Terramera, Inc. will use your personal information for the purposes for which it was collected, except in cases where your consent is expressly given or as required by law. Personal information shall be retained only as long as necessary for the fulfillment of those purposes. For more information, please contact Terramera, Inc. at 1-800-597-9509.

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