

INTERNAL USE ONLY – RA#

Client Refund Form

Refunds are available for items purchased directly from NŪFACE (myNuFACE.com or 888-360-9171). If purchased from another retailer, please contact them directly for information regarding their return policy. NŪFACE devices and attachments can be refunded within 60 days of purchase. NŪFACE Primers and Skin Care can be refunded within 30 days of purchase.

All Refreshed Items, Tradeshow, Student, and Esthetician SALES ARE FINAL.

In order to expedite the refund process, please complete this form in its entirety and include with your shipment.

Once NŪFACE receives your package, please allow up to 5 business days to process.

If you have any questions, please contact us at (888) 360-9171 or info@myNuFACE.com. Thank you.

NAME: _____

ADDRESS: _____

EMAIL ADDRESS (Used for Status Updates): _____

PHONE NUMBER: _____

DATE OF PURCHASE: _____

SERIAL NUMBER*: _____

*Trinity/Trinity PRO located on device body under attachment head on gold squares (PXXXXXXX) or (PROXXXXX).

*mini engraved into grip by power port (TXXXXXXX).

*Trinity Wrinkle Reducer located inside attachment (RXXXXXXX) or (RKXXXXXXX).

*ELE located inside attachment (MLXXXXXX).

*Classic/Advanced located under battery inside battery compartment (NU-XXX-XXXXX).

*NŪBODY located under the handle near the spheres (YXXXXXXX).

PLEASE EXPLAIN THE REASON FOR RETURN: _____

PLEASE SHIP TO (NŪFACE doesn't provide prepaid shipping labels. It's suggested that you insure and track your package):

NŪFACE

ATTN: REFUNDS

1325 Sycamore Ave., Suite A
Vista, CA 92081

PLEASE INCLUDE IN YOUR PACKAGE:

- **This Completed Form** (Incomplete or missing paperwork will delay your refund)
- **NŪFACE Products; Entire Kits Must Be Received** (Original Packaging is not required)
- **Your PROOF OF PURCHASE**

We will issue a refund less any shipping charges to your original payment method. PayPal accounts or expired/closed Credit Cards will delay your refund. Please provide a current Credit Card (VISA, MASTERCARD, AMEX, DISCOVER) if needed:

Credit Card Number for Refund

Expiration Date

CVV Code

FOR INTERNAL USE ONLY - Date: _____ Initials: _____

Contents Received: _____

Test Results: _____

Resolution: _____

Location Sent: _____

Case # (if applicable): _____

Special Notes: _____