

RETURN AUTHORIZATION FORM

NAME:	DATE:	
	PHONE NUMBER:	
	DI EACE DETUDNITO	
	——— PLEASE RETURN TO ————	
	FACEPLANT INC RETURNS	
	2402 EAST 7TH AVENUE	
	TAMPA, FL 33605	
condition in the or return shipping; we	ed or exchanged within 30 days of purchase. Returns must be in uniginal packaging with all labels attached. Customer is responsible suggest using a trackable common carrier with delivery confirmat nout a completed Return Authorization form will be destroyed with refund or exchange made.	for ion.
	THIS IS A	
	O RETURN	
If it	is a return, let us know the reason, please be specific.	_

Returns are allowed within 30 days of purchase with a completed return authorization form. Refunds will be issued via the original form of payment less shipping costs. Faceplant Inc. assumes no responsibility for packages after they are handed to the carrier (USPS or FedEx). Lost or damaged packages with delivery confirmations must be disputed with the carrier.

Email love@faceplantdreams.com with any questions. 2402 East 7th Avenue Tampa, FL 33605—813.443.4888