**Torso Trimmer Return Authorization Form**

Top of Form

|  |  |
| --- | --- |
| First Name:\* |  |
| Last Name:\* |  |
| Email Address:\* |  |
| Mailing Address:\* |  |
| City:\* |  |
| State:\* |  |
| Postal Code:\* |  |
| Phone:\* |  |
| Serial Number:\* |  |
| Purchase Date:\* |  |
|  |  |
|  |  |
| Is this a:\* |  |
| Reason for Return:\* |  |
|  | \* Required Field  **Note: must be in original box or 30% restock fee will be deducted from your credit card.** |

Bottom of Form