**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