



## Claim Form

Please print legibly and complete all information. Please include the original sales receipt as well as the unused portion of the Alterna product in your return package.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Item Purchased: \_\_\_\_\_

Date Purchased: \_\_\_\_\_

Reason for return: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All comments are appreciated.

Today's Date: \_\_\_\_\_

Allow 12-14 weeks for delivery of your check. Offer valid for U.S. residents only. Limit one redemption per product per address. All return packages must be sent postage prepaid and postmarked within 30 days of the purchase date listed on sales receipt in order to qualify. Duplicate or invalid requests not meeting the requirements of this offer will be rejected and consumer-mailed products will not be returned. Alterna Professional Haircare is not responsible for late, lost, misdirected mail and/or redemptions. Please keep a copy of all materials pertinent to this money-back guarantee for your records. These terms and conditions are subject to change.

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