



# SKINOMI

## PRODUCT REPLACEMENT FORM

(Please Print)

Today's date:			
CUSTOMER INFORMATION			
Last name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.
Street address:			Home phone no.: (    )
City:	State:	ZIP Code:	
Country (If not USA):			
E-Mail:			

REPLACEMENT INFORMATION			
What device did you purchase Skinomi for?			
Manufacturer (ex. Apple):	Model (ex. iPhone):	Coverage Type: <input type="checkbox"/> Screen Only <input type="checkbox"/> Full Body Skin	SKU Number:
Name of authorized store where Skinomi was purchased?		What is your ORDER NUMBER?	
<b>Attach a copy of the invoice/receipt and circle the Skinomi product being replaced.</b>			
A shipping & handling fee will be charged for your Skinomi replacement. There is no charge for the actual product, but the S&H will depend on the type of replacement.		Please check one: <input type="checkbox"/> \$2.95 FILM ONLY – does NOT include retail box, spray, and card <input type="checkbox"/> \$4.95 FULL KIT – INCLUDES retail box, spray, and card	

PAYMENT INFORMATION				
<input type="checkbox"/> VISA	<input type="checkbox"/> American Express	Credit Card no.:	CVV no.:	Expiration Date (MM/DD/YYYY):
<input type="checkbox"/> Mastercard	<input type="checkbox"/> Discover			
The above information is true to the best of my knowledge. I authorize Skinomi LLC to charge the amount stated above to my credit card. I understand that I am financially responsible for any balance.				
_____ <i>Signature</i>			_____ <i>Date</i>	

PLEASE ATTACH A COPY OF YOUR INVOICE/RECEIPT TO THIS FORM AND FAX BOTH TO:  
**(909) 236-5055**