

**folica.com**

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# Warranty Replacement Form

Please complete this entire form and enclose with item(s) for replacement. Be sure to include payment information in order to receive your new item. Folica suggests that you ship your package through insured parcel post and retain a copy of this form for your records.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (    )    -   

Email Address: \_\_\_\_\_

Customer Account #: C- \_\_\_\_\_

Order Number: S- \_\_\_\_\_

Qty	Item Number	Item Description	Size	Color

**Replacement Reason Codes**  
 Refer to these codes when completing this Replacement Form. Please circle as many codes as needed for the products you are returning. Use the space below to further explain the problem.

01. Does not turn on	03. Physically damaged	05. Temperature problems
02. Damages hair	04. Electrical problems	06. Damaged cord

Other Reasons: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Warranty Replacement Fees**  
 Please check the correct warranty fee amount, desired payment method, ship to address and sign the bottom line.

Warranty Fee	Payment Method	Additional Payment Information
Continental US - \$9.95 <input type="radio"/>	Original Method <input type="radio"/>	Credit Card: _____
Alaska, Hawaii & Puerto Rico - \$14.95 <input type="radio"/>	Credit Card <input type="radio"/>	Card Holder's Name: _____
Canada - \$29.95 <input type="radio"/>	Pay Pal <input type="radio"/>	Card Number _____
International - \$49.95 <input type="radio"/>		Expiration Date: _____

**Shipping Address**    Street Address: \_\_\_\_\_    City: \_\_\_\_\_  
 Check here if same as above:    State: \_\_\_\_\_    Zip Code: \_\_\_\_\_

**Signature**  
 I, \_\_\_\_\_, hereby authorize Folica, Inc. to charge my credit card for the amount listed above as payment for Warranty Replacement.