

Pain Fast Away Card "Guarantee"
Money Back Guarantee Request Form
Refund Request

Number of Cards Purchased: (Please Select One)

1 Card 2 Cards 3 Cards 4 Cards 5 Cards 6 or More Cards Exact Count _____

Reason for Refund:

Tell how you used the product:

Mail Refund To:

Date Purchased:*	
First Name:	
Last Name:	
Address:	
City, State, Zip	
Email Address**	

* Refund request must be postmarked within 30 days of purchase.

** Email Address Will Be Used to Confirm Refund.

Purchase Amount: \$_____

To request your refund send in:

- Your undamaged Pain Fast Away Card/s with a self-address stamped envelope
- This completed Money Back Guarantee Request Form
- Provide receipt received at time of purchase

Mail to the following address:

Pain Discomfort Strategies LLC

PO Box

Royal Oak, MI

Attn: Money Back Guarantee

TEAMS AND CONDITIONS ON PAGE 2 OF THIS 2 PAGE DOCUMENT

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Official Rules for Pain Fast Away Card Guaranteed

Terms and Conditions

1. Refund for purchase NOT TO EXCEED PRICE paid, including tax.
2. Limited to purchases and reimbursement requests made within the 50 United States and D.C.
3. Refund request can be made on pre-printed form. All questions must be answered.
4. Refund request must be postmarked within 30 days of purchase.
5. Not responsible for undelivered, stolen, damaged or postage due requests.
6. Fraudulent, incomplete or illegible requests will not be honored.
7. All refunds will be made by check.
8. Please allow 4-6 weeks for delivery of refund check.
9. Void where prohibited.