

If you are not satisfied for any reason with a PROFOOT product, print, fill out and return this form along with receipt (for full refund) or the barcode (for partial refund) to:

| PROFOOT, Inc.          |
|------------------------|
| Attn: Customer Service |
| 919 Fairmount Ave      |
| Elizabeth, NJ 07201    |

| Name:  |
|--|
| Address:   |
| Address 2:   |
| City, State, Zip:  |
| Email address:   |
| Product returning:   |
| Where did you purchase?  |
| The reason you are unsatisfied:                                  |
|  |
| Would you like a: Refund Replacement product (please circle one) |