

Dr. Scholl's Money Back Guarantee Refund Form

Eligible products are: Dr. Scholl's® Custom Fit® Orthotic inserts, Dr. Scholl's® Comfort & Energy insoles and inserts, Dr. Scholl's® Comfort insoles and inserts, Dr. Scholl's® Athletic Series insoles, Dr. Scholl's® Stylish Step™ insoles and inserts, Dr. Scholl's® Pain Relief orthotics, Dr. Scholl's® Odor-X® insoles

Unless otherwise stated on your packaging, fill out this form and mail it with the complete pair of insoles/inserts/orthotics, UPC code from the packaging and original dated sales receipt within 90 days from purchase to:

Dr. Scholl's Money Back Guarantee
P.O.Box 811930
Boca Raton, FL 33481-1930

First Name: _____

Last Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Preferred contact method if needed:

- Telephone Number: () _____ or
- Email Address: _____

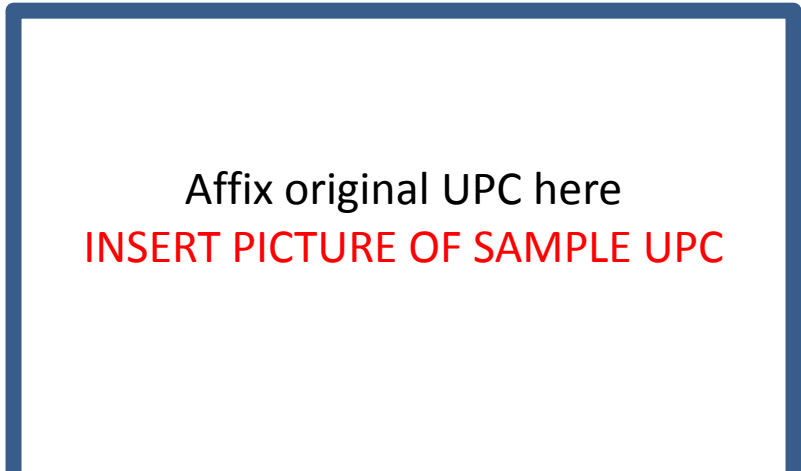
Purchase Price: \$ _____.
Purchase Date: ____/____/____

Reason for insole return:

- Did not fit well in my shoes
- Dislike $\frac{3}{4}$ length size
- Did not stay in place in my shoes
- Top cloth wore out too fast
- General Dissatisfaction (none of the above)



Affix ORIGINAL
Sales receipt here



Affix original UPC here
INSERT PICTURE OF SAMPLE UPC