



## Return Authorization

(Please print this form, fill out and fax to: 317-815-0041)

### Customer Name/Address

Last name:	<input type="text"/>	First name:	<input type="text"/>				
Address:	<input type="text"/>	Email:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>	Phone:	<input type="text"/> - <input type="text"/>
Return Auth. Number:	<input type="text"/>						

### Return Information

Where did you purchase your BabyPlus Prenatal Education System?	<input type="text"/>	Date of Purchase: mm/dd/yyyy	<input type="text"/> - <input type="text"/> - <input type="text"/>
Reason for return:	<input type="text"/>		
	<input type="text"/>		

If you purchased your BabyPlus Prenatal Education System from The BabyPlus Company, we will provide a full refund of the purchase price (less shipping and a \$10 handling fee) provided the product is returned in new condition within 30 days from date of purchase. BabyPlus does not refund the cost of shipping to return a product. If you purchased your BabyPlus Prenatal Education System from another vendor, please contact them regarding their return policy.

Please complete this form and return it and a copy of your receipt with your return to:

**The BabyPlus Company**  
c/o Returns Dept.  
9750 Olympia Drive  
Fishers, IN 46037

\_\_\_\_\_  
Name(Signature)

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)