



LICKS Satisfaction Guarantee Request Form

Please complete the form below if you are dissatisfied with a product you purchased from the LICKS® website (www.lickspillfree.com) and would like to submit a request for a refund or replacement product under the LICKS® Satisfaction Guarantee. Please complete this form **only** for products purchased from www.lickspillfree.com. If you are dissatisfied with a LICKS® product you purchased from a LICKS® Authorized Retailer, please contact that retailer directly to submit your Guarantee request. Please note that because we cannot control the quality of LICKS® products sold by unauthorized sellers, the LICKS® Satisfaction Guarantee is not available for products purchased from unauthorized sellers.

To enable us to process your Guarantee request, please submit the completed form below **and a proof of purchase** to us by email to RetailerManagement@lickspillfree.com or by mail to:

213 N Morgan St
Suite 2C
Chicago, IL 60607

Once we receive your materials, we will contact you at your preferred method of contact to arrange for a refund or replacement product. We may also need to ask you further questions before we can provide a refund or replacement product.

LICKS® Guarantee Request Information

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

What is your preferred method of contact? _____

What product did you purchase? _____

When did you purchase your product? _____

Where did you purchase your product? (NOTE: if you purchased from a brick and mortar store, please provide the name and address of the store. If you purchased your product

online, please provide the name and URL of the website you purchased from and, if that website is an online marketplace (such as Amazon, eBay, etc.), please also provide the name of the seller on the marketplace that sold your product)

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_ Why are you dissatisfied with the product?

What remedy would you like us to provide? Please CIRCLE ONE:

_____ Replacement Product OR Credit

OPTIONAL

What is the name of your pet? _____

Pet Type, Breed and Weight: _____

Number of Packets Administered: 1 2 3 4 *Other:* _____

Administration: Food, Directly to Mouth, Bowl by itself, Water, Other _____

Did you follow dosage Instructions (located on the side of the box)? Y / N

Please describe any deviations from dosage instructions: _____

Any other details that we should know: _____
