



Return Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Order #: _____

Date: _____

Phone: _____

Email: _____

Complete this Return Form, repackage products in their original packaging (include a copy of the original packing slip), and ship to:

SpoonTree Inc. Return Processing Center
 2710 North 350 West #105,
 Layton, Utah 84041

Please make sure that all of the following conditions have been met.

- Item must be shipped back to us within ten (10) days from delivery
- Item must be unused, and not damaged
- Item must be returned complete of all of its parts and accessories
- Item must be sent in its original packaging
- Item must be sent in one single shipment: articles that belong to the same order must be returned to us at the same time
- Return must include a copy of the original packing slip and this Return Form– indicating the reason for return

If all of these conditions are satisfied, we will refund your payment, (less original shipping costs) or we will replace the item. We will not issue any refunds or replacements for returns that do not satisfy all of the conditions indicated above. SpoonTree Inc. reserves the right to refuse returns that are shipped after the 10-day grace period has expired or that are not in the same condition you received them in.

Refunds are processed within approximately three (3) business days of our receipt of your merchandise. Your refund will be credited back to the same card used to make the original purchase. Refund times will depend on the credit or debit card company's policies.

If you received a damaged or incorrect item contact our customer support center at customerservice@spoontreeinc.com. Please include your name, address, phone number, order number, and damaged or incorrect item. A call tag will be sent to you free of charge to have items returned to us.

Item #	Qty.	Description	Missing	Incorrect	Damaged	Please Specify	Refund	Replace
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date