

DOC JOHNSON[®]

VERIFICATION & CLAIM FORM

I certify that I am over the age of 18 and I am legally of age to purchase, receive and solicit for purchase any and all adult materials.

Print Full Name: _____

Email Address: _____

Phone Number: _____ Today's Date: _____

Mailing address: _____

City: _____ State: _____ Zip Code: _____

Please describe the issue you have with your pleasure toy and your request.

Print Product Name: _____

Part Number: _____
(Example: 1234-56-BX)

SKU Number: _____
(Example: 782421000000)

Date of Purchase: _____ Name of Store: _____

Explain your product issue: _____

Please return with your correspondence and a copy of your retail receipt.
Thank you.