

# DOC JOHNSON<sup>®</sup>

## 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.

Confirmation Code: \_\_\_\_\_  
(The Code you received after filling out the Online Warranty Form.)

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: 782421000000 )

SKU Number: \_\_\_\_\_  
( Example: 1234-56-BX )

Date of Purchase: \_\_\_\_\_ Name of Store: \_\_\_\_\_

Explain your product issue: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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