

# NEURO™ UNCLIPPED

INTELLIGENT STYLING

## WARRANTY/REPAIR REQUEST FORM

For all warranty issues please call 1-888-522-8622 or email us at [pmprottools@paulmitchell.com](mailto:pmprottools@paulmitchell.com) before returning any Paul Mitchell® Pro Tools™ appliance.

**MAIL ALL RETURNS TO:**  
Paul Mitchell® Pro Tools™ Warranty Center  
357 Mill Road, Staten Island, NY 10306 U.S.A.

We are sorry that you are experiencing a problem with your Paul Mitchell® Pro Tools™ Neuro appliance. In order to process your request for warranty exchange or repair as quickly as possible, please fill out the following information and mail with your appliance to the PAUL MITCHELL® PRO TOOLS™ WARRANTY CENTER, along with original proof of purchase, money order, or completed credit card payment information below. No checks accepted. Please allow 6 – 8 weeks for your appliance to be returned.

### PLEASE READ ENTIRE GUIDE BEFORE SENDING APPLIANCE

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### Customer Information:

(Where you want your repaired appliance returned to)

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**PLACE OF PURCHASE:** \_\_\_\_\_

**PROOF OF PURCHASE ENCLOSED:**     YES     NO

**PRODUCT CONTROL NUMBER:**

(11 digit code beginning with "EU" found on the cord)

\_\_\_\_\_

**Please describe the problem:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### Payment Information:

(Sorry, checks are not accepted)

**ORDERS WILL NOT BE PROCESSED WITHOUT PAYMENT**

**MONEY ORDER IS ENCLOSED.**

**CHARGE** my order to my credit card:

(check one)     MasterCard     Visa     AMEX     Discover

\_\_\_\_\_  
Card Number                      Expiration Date: \_\_\_\_ / \_\_\_\_ (Month/ Year)

\_\_\_\_\_  
Card Holder Name

\_\_\_\_\_  
Card Holder Signature

\_\_\_\_\_  
Card Holder ZIP CODE