

Return Form

All Bio-Therapeutic products and equipment are made with quality parts/ingredients and manufactured by the highest quality standards. If your purchase arrives in unsatisfactory condition or does not meet your expectation please follow the subsequent instructions to return your item(s).

- We will gladly receive returns within 30 days of delivery.
- Unopened products returned within 30 days will be credited back to the credit card specified on the form below.
- Equipment returned within 30 days in original packaging/box with all accessories and literature will be credited back to the credit card specified below.
- Sorry, refunds will not be made for:
 - Returns that arrive after 30 days from delivery date
 - Shipping/Handling costs
 - Items returned without a valid copy of the invoice and completed return form
 - Open/used product
 - Products/equipment with signs of misuse or damage
 - Products/equipment purchased from unauthorized distributors or through unauthorized distribution channels
 - Returns lost or damaged in transit
- All returns will be made by Micro Current Technology Inc (dba Bio-Therapeutic Inc)
- Credit back can only be made to Visa, MasterCard, Discover, or American Express credit cards.
- 3 – 6 weeks may be required for the credit back to be processed.

Return Instructions

- 1) Print this form
- 2) Fill out this form completely in legible handwriting.
- 3) Send this form, a copy of the original receipt and the returning item(s) to the following address:
Bio-Therapeutic
Attn: Returns Dept. #101
2244 1st Ave S
Seattle, WA 98134
- 4) Please make sure to send your return via a shipping method that is traceable and insured. No return will be processed for items lost or damaged in transit.
- 5) Make certain to use quality shipping supplies to package your item(s). Any return that arrives in unsatisfactory condition, missing accessories or manual, or not in original box/packaging may have a 20% restocking fee deducted from the return. This fee can be charged at the discretion of Bio-Therapeutic.

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Email: _____

Invoice Number: _____ Purchase Date: _____

Credit Card number: _____ Expiration Date: _____
Visa, MasterCard, Discover, or American Express ONLY

Reason for return: _____

I have read and agree to the above conditions.

Signature: _____ Date: _____

Return Address Label:

Bio-Therapeutic Attn: Returns Dept. #101 2244 1 st Ave S Seattle, WA 98134
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