



## Receipt Request Form

Date

**PRINT  
CLEARLY**

Last Name		First Name	
Address			
City		State	Zip Code
Primary phone contact number		Secondary phone contact number	

If information above is different from the time of purchase, please fill out the information below with information accurate at time of your purchase. Please include all phone numbers that might have been used at the time of purchase. Include area code

Last Name		First Name	
Address			
City		State	Zip Code
Primary phone contact number		Secondary phone contact number	

My Kids Rainbow does not guarantee a sales receipt record has been retained. In the event we are unable to locate your record, a post card will be mailed informing you that no records were found. A non-refundable processing fee of \$10.00 must accompany this form. No credit cards or cash is accepted for this service.

**Mail this form along with a non-refundable check in the amount of \$10 made payable to Rainbow Direct to the address below:**

**Rainbow Direct Warranty Service  
495 East Main Street  
Denville, NJ 07834**

**Phone 973-396-2537**

**For Office use only**

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