



Shield Force® Plus 100% Satisfaction Guarantee

We want to give you the chance to try our top-quality desensitizer risk free.

If you are not fully satisfied with Shield Force Plus, you have 30 days after the dealer's invoice date to return **Shield Force Plus Kit** or **Shield Force Plus refill** (Part #15111 and #15121) when purchased directly through Tokuyama or from an authorized dealer.

To return your product:

1. Call **1-760-942-7211** or email **info@tokuyama-us.com** and request a **Return Authorization Form** from a Tokuyama Dental America customer service representative.
2. Make a copy of the dealer invoice and keep the original for your records.
3. Include all product components, the completed **Return Authorization Form**, and a copy of the invoice in a mail package.
 - Please note- The product to be returned **must contain at least 50% of the original solution.**
 - Shipping charges will be the customer's responsibility.
 - You must return any free product that was redeemed with the purchase.
The free product must be in original, unopened condition.

4. Mail the package to:

Tokuyama Dental America Inc.
Attention: Product Return
740 Garden View Ct., Suite 200
Encinitas, CA 92024

5. You will receive an email notification when the package has been received. A refund will be issued only after receiving and verifying the returned merchandise.



Regulations

- The product to be returned **must contain at least 50% of the original solution.**
- If you received promotional free product with a purchase, the free product must be in **original, unopened condition** and must be returned with purchased good.
- Only **first time users** of Shield Force Plus users are eligible for a full refund.
- Only **one (1) unit** for Shield Force Plus kit or refill may be returned per customer.
- **Refunds must be made through Tokuyama**; no refunds will be honored by authorized third party dealers.
- The return request must be received within **30 days** of the invoice date.
- Refunded amount will be based on **dealer's price** on the invoice.
- Refund will be made by check issued by Tokuyama Dental America.
- A copy of the **original invoice and a completed Return Authorization form** must be included in the returned package with **all product components**, including free goods redeemed with the purchase, for final reimbursement to be processed.
- Tokuyama reserves the right to decline any return application if the condition of the returned products do not comply with the above regulations.
- Tokuyama has full rights to discontinue this offer at any time.

Please contact us at **1-760-942-7211** if you have any further questions.

