

# Customer Request for Refund



Reliv, Inc.  
Distributor Services Center  
136 Chesterfield Industrial Blvd  
Chesterfield MO, 63005

**NOTICE TO DISTRIBUTOR:** This form must be sent for processing within thirty days following refund to customer. Customer's unused portion and signed original sales receipt must be returned for replacement of the products sold.

## CUSTOMER INFORMATION

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Reason for Return: \_\_\_\_\_

Date of Product Purchase \_\_\_\_\_ Date of Product Return \_\_\_\_\_

**TO RELIV: I certify that I have received the stated amount from my Distributor. I am returning the unused portion of product including cans and a copy of the Retail Customer Sales Receipt.**

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

## DISTRIBUTOR INFORMATION

Name \_\_\_\_\_ RCN # \_\_\_\_\_

Ship to Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Item Code	Description of Product	Qty	Retail Price

Total Amount Refunded: \_\_\_\_\_

**TO RELIV: I certify that I have refunded the above amount to my customer. The unused portion of this product including cans and a copy of the Retail Customer Sales Receipt is hereby returned for replacement in kind.**

Distributor Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY: _____	Replacement order number: _____
Date: _____	Completed by: _____ Reviewed by: _____