## 

HERBALIFE OF CANADA LTD. 120, 4550 - 25 Street S.E. Calgary, AB T2B 3P1

**DISTRIBUTOR SERVICES** Mon.-Fri. 8:30am-5:00pm Sat. 10:00 am-2:00pm Tel.: (866) 622-1222 Fax: (403) 204-7705

## **CUSTOMER REQUEST FOR REFUND FORM**

\*PLEASE PRINT CLEARLY.

	Date:
CUSTOMER:	Ship to:
Name:	- Name:
Address:	- Address:
City:	- City:
Province:	- Province:
Postal Code: lelephone: ()	Postal Code: Telephone: ( )
Refund Information	Distributor:
I request refund for purchase price of the following	Name:
	Herbalife ID Number:
in the amount of ¢	
in the amount of \$	
For the following reasons:	I herewith return the unused portion ( 3/4 1/2 1/4) of the product in
	its original container, along with my receipt to the Distributor for return to the
	Company as required under the 30-Day Money-Back Policy after trying the
	product for: 1 week or less; 2 weeks; 3 weeks; 4 weeks.
Refund acknowledged in the amount of: \$	Customer Signature:
in the field and to build a bigger and better repeat business for your future.	
I certify that I have refunded the above stated amount to customer. Unused p copy of retail sale form, is hereby returned for replacement in kind.	ortion of the product in its original container: $3\%$ $3\%$ $3\%$ $3\%$ $3\%$ $3\%$ and customer's
Distributor Signature	Date:
Notice to the Distributor	
This form must be completely and properly filled out and signed, to be returned in duplicate, together with the unused portion of the product, in its original	
container, along with customer's receipt to the warehouse within thirty days following refund to customer.	
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DISTRIBUTION CENTER RECEIPT	
Unused portion of product and customer's retail receipt have been received by the distribution center within thirty days following refund to customer and product original container has been replaced in kind.	
DESCRIPTION OF PRODUCT	SHIPPED BY PICK-UP
Distributors have Harbelife's permission to dualizate this desurrent. Distribution: Orable in the barbeli	Date: 30-DAY MONEY-BACK POLICY
Distributors have Herbalife's permission to duplicate this document. Distribution: Send copies to Herb	Jame. Reep original copy for your records.

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