



Herbalife International of America, Inc.  
(310) 410-9600

ORDER DEPARTMENT	
Mon.-Fri. 5:00am-7:00pm	Sat. 6:00 am-2:00pm (PST)
Tel.: (310) 216-7770	
Fax: (310) 216-5160	
DISTRIBUTOR RELATIONS	
Tel.: (310) 216-9661	

## CUSTOMER REQUEST FOR REFUND FORM

Mail to your nearest Herbalife Distribution Center.

Date: \_\_\_\_\_

**Customer:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

**Ship to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

**Refund Information**

I request refund for purchase price of \_\_\_\_\_

in the amount of \$ \_\_\_\_\_

For the following reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Refund acknowledged in the amount of: \$ \_\_\_\_\_

**Distributor:**

Name: \_\_\_\_\_

Herbalife ID Number: 

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I herewith return the unused portion ( 3/4  1/2  1/4) of the product along with my receipt/copy of the retail order form to the Distributor for return to the Company as required under the 30-Day Money-Back Guarantee after trying the product for:  1 week or less;  2 weeks;  3 weeks;  4 weeks.

Customer Signature: \_\_\_\_\_

**THIS FORM IS NOT VALID WITHOUT A COPY OF THE RETAIL ORDER FORM/INVOICE.**

This form will help us to make an audit of your customers by calling them to see exactly what some of the problems have been. This will help us find out what we can do as a company to further help our customers, our company growth, and most of all you, the Distributor, to better service your customers in the field and to build a bigger and better repeat business for your future.

**To HERBALIFE**

I certify that I have refunded the above stated amount to customer. Unused portion of the product:  3/4  1/2  1/4 and customer's copy of retail sale/copy of retail order form, is hereby returned for replacement in kind.

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

**NOTICE TO THE DISTRIBUTOR**

This form must be completely and properly filled out and signed, and returned together with the unused portion of the product, along with customer's receipt/copy retail order form, to the Distributor Center within thirty (30) days following refund to customer.

**DISTRIBUTION CENTER RECEIPT**

Unused portion of product and customer's retail receipt/copy of retail order form have been received by the distribution center within thirty (30) days following refund to customer and product has been replaced in kind.

**DESCRIPTION OF PRODUCT**

\_\_\_\_\_

**SHIPPED BY**

\_\_\_\_\_

**PICK-UP**

\_\_\_\_\_

Warehouse Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

**30-DAY MONEY-BACK GUARANTEE**

Distributors have Herbalife's permission to duplicate this document. Distribution: Mail original to Herbalife. Keep copy for your records.  
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