



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

CUSTOMER REQUEST FOR REFUND

Mail to your nearest Herbalife Distribution Center.

DISTRIBUTOR RELATIONS

Tel.: (866) 866-4744

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

CUSTOMER:

Name: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_
State: \_\_\_\_\_ Country: \_\_\_\_\_
Zip/PostalCode: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

SHIP TO:

Name: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_
State: \_\_\_\_\_ Country: \_\_\_\_\_
Zip/PostalCode: \_\_\_\_\_ 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: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

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 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 receipt/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 accurately filled out and signed to be returned in duplicate, together with the unused portion of the product, along with customer's receipt/copy retail order form, to the warehouse within thirty days following refund to customers.

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 days following refund to customer and product has been replaced in kind.

DESCRIPTION OF PRODUCT

SHIPPED BY

PICK-UP

[Empty box for Description of Product]

[Empty box for Shipped By]

[Empty box for Pick-Up]

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

30-DAY MONEY-BACK GUARANTEE

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