



TheSuperHealthStore.com

RMA Return Merchandise Authorization Form

In order to receive a credit you must include this form with your return and follow the guidelines on Shipping and Returns. Customer agrees to the terms and conditions listed on website Shipping and Returns. For returns that do not meet the Shipping and Return conditions, customer agrees to reimburse for the return shipping fees associated with the reshipment of the item which will be charged to their credit card.

Order#: _____

Return Authorization#: _____

(This number must also be on the outside of your package or it will be refused and sent back to you at your expense)

I ordered by:

Phone

Internet

Mail Order

Gift

Product Description: _____

Reason for Return:

Received Damaged

Wrong Item Received

Just Didn't Like

Changed Mind

Defective (to receive credit for a defective product, you MUST include a note explaining how the product is defective)

I Would Like To:

Replace the item.



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___ Get my money back.

Contact Information:

Name: _____

Address: _____

E-mail: _____

Daytime Phone: _____

Evening Phone: _____

Notes: _____

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I have read these terms and agree by signing here: (YOU MUST SIGN THIS FORM TO QUALIFY FOR A CREDIT)

Signature: _____

Today's Date (M/D/Y): ___ / ___ / _____