



Main: (310) 410-9600
 Distributor Relations: (866) 866-4744
 TTY Users: (800) 503 - 6180

Los Angeles Distribution Center
 930 E. 233rd Street
 Carson, CA 90745

CUSTOMER REQUEST FOR REFUND FORM

Memphis Distribution Center
 5025 Crumpler Road
 Memphis, TN 38141

HERBALIFE DISTRIBUTOR

Within 30 days following the refund to your Customer, this form must be completely and accurately filled out, signed and returned **in duplicate** to your nearest Herbalife Distribution Center, along with a copy of your Customer's Retail Order Form, **the original product labels/or the empty product containers**.
 Note: All of these items are required in order to process this request.

Herbalife ID Number _____

Distributor's Name _____

Distributor's Address _____

City _____ State _____ Zip Code _____

Phone _____

Please indicate the shipping address for your replacement product.
 Same as Distributor's address

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

I certify that on this date ___/___/___ I have refunded the Customer (stated below) for the sum of \$ _____, or upon their request, I have issued my Customer full credit toward the purchase of other Herbalife® products. (Please refer to the Herbalife Customer Guarantee in the Career Book for detailed requirements.)

Distributor's Signature: _____ Date: ___/___/___

HERBALIFE CUSTOMER

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Please state the reasons you were dissatisfied with the products:

After trying the Herbalife product for: 1 week 2 weeks 3 weeks 4 weeks

In accordance with Herbalife's 30-Day Money-Back Guarantee: I herewith return a copy of my Retail Order Form, along with **the original product labels/or the empty product containers**, to my Herbalife Distributor, for:

- A full credit toward the purchase of other Herbalife products, or
- A full refund of the purchase price indicated below.

I certify, on this date ___/___/___ I requested a refund or credit toward the purchase of other Herbalife® products in the amount of \$ _____, and I acknowledge receiving the:

- Refund Full credit toward other Herbalife products

Customer's Signature: _____ Date: ___/___/___

HERBALIFE DISTRIBUTION CENTER

- LADC Memphis

Within 30 days following the Distributor's refund to the Customer, the Distribution Center has:

- Received a copy of the Customer's Retail Order Form
- Received **the original product labels/or the empty product containers**
- Replaced the identical product and shipped to the Distributor

Returns Clerk Signature: _____ Date: ___/___/___

Description of Return

Shipped By

Pick-Up
