



# Exchange / Return Request

RA# \_\_\_\_\_

**Instructions:** Please fill out this form completely! Please fax 1 copy to Herbsmith at 262-367-0383. Upon review, we will contact you regarding the status of your request. Please include a completed copy of this form with your product return.

Company: _____	Contact: _____
Address: _____	City: _____ State: _____ Zip: _____ Phone: _____

Formula Name: _____	Size: _____ Qty: _____ Price: _____ Lot Number: _____
Date Ordered: _____	Date Received: _____ Order #: _____

**\*\*Extra space on reverse for multiple product returns**

Reason For Refund Request:

<b>For Office Use Only</b>
<b>Customer Service</b>
Notes: _____ Date: _____
_____ Received By: _____
_____
_____
_____
_____
_____
_____
Approved By: _____
Date: _____

<b>For Office Use Only</b>
<b>Shipping / Receiving</b>
Notes: _____ Date: _____
_____ Received By: _____
_____
_____
_____
_____
_____
Approved By: _____
Date: _____

