

RETURN FORM

(Please fill and include in package - return will not be accepted/
resolved without form)

CUSTOMER INFORMATION

Full name:

RMA # (Return Merchandise Authorization Number):

Product price:

Postal address:

Email address:

Phone number:

Date of receiving:

Date of returning:

REASON FOR RETURN:

(Please provide a detailed information on why did you decide to return
the order)

**Please print out this form and include it in the package. You must send it
with the carrier of your choice before 14 days pass to:**

UAB MAX Nutrition/ Shipmonk,
6010 N. Cajon Blvd,
San Bernardino,
CA 92407,
USA