



Herbalife (U.K.) Limited
 Senator Court, 4 Belmont Road
 Uxbridge
 Middlesex, UB8 1HB
 United Kingdom

CUSTOMER REQUEST FOR REFUND

DISTRIBUTOR SERVICES
 Tel: 0845 056 0606
 Fax: 0845 056 0607

Date: _____

CUSTOMER

Name: _____
 Address: _____
 Town / City: _____
 County: _____ Country: _____
 Postal Code: _____ Telephone: _____

SHIP TO

Name: _____
 Address: _____
 Town / City: _____
 County: _____ Country: _____
 Postal Code: _____ 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:

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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 properly help us to make an audit of your customers by calling them to see exactly what some of the problems have been. This 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, in technique 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 properly filled out and signed, to be returned in duplicate, together with the unused portion of the product, along with customer's receipt/copy of retail order form, to the warehouse within thirty days following refund to customer.

DISTRIBUTION CENTRE RECEIPT

Unused portion of product and customer's retail receipt/copy of retail order form have been received by the distribution centre within thirty days following refund to customer and product has been replaced in kind.

DESCRIPTION OF PRODUCT

SHIPPED BY

PICK-UP

Warehouse Clerk: _____ Date: _____

30-DAY MONEY-BACK GUARANTEE

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