



**HERBALIFE**  
 HERBALIFE INTERNATIONAL OF AMERICA, INC.  
 Main: (310) 410-9600  
 Distributor Relations: (866) 866-4744  
 TTY Users: (800) 503-6180

**CUSTOMER REQUEST FOR REFUND FORM**

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

**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, **and the unused portion of the product, or the original product labels, or the empty product containers.**

**Note: All of the items listed above 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 \_\_\_\_\_

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 unused portion of the product, or 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 **the unused portion of the product, or the original product labels, or the empty product containers**
- Received the Retail Order Form
- Replaced the identical product and shipped to the Distributor

Returns Clerk Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Description of Return	Shipped By	Pick-Up