

REFUND AUTHORIZATION FORM

Distributors Name:		NUPRO ID#:	
Address:			
City:	State:	ZIP	
Phone: ()	FAX:		

Return Authorization #	(obtain from NUPRO Customer Service 1 (800) 704-8910)		
Sales Order #	Tracking #		
Amount Returned:	" Product(s)*	Qty:	Description:
	" Product(s)*	Qty:	Description:
	" Sales Aids†	Description:	
<p>* Allow 5 - 7 business days to process return. After 30 days, resalable product is purchased back by NUPRO less a 10% restocking fee. Shipping not included. † Resalable sales aids are purchased back by NUPRO less a 10% restocking fee.</p>			
Signature		Date	

RETAIL EXCHANGE FORM

Distributor Information			
Name		NUPRO ID#	
Address			
City	State	Zip	
Telephone	FAX		
Customer Information			
Name			
Address			
City	State	Zip	
Telephone	FAX		

Reason for return:			
Return Authorization #	(obtain from NUPRO Customer Service 1 (800) 704-8910)		
Product Returned:	" Product(s)*	Qty:	Description:
	" Product(s)*	Qty:	Description:
<p>* Allow 5 - 7 business days for replacement product. Please send form with remaining product.</p>			
Distributor Signature		Date	
Customer Signature		Date	