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RETAIL CUSTOMER PRODUCT REQUEST FORM #1030

For proper use of this form, please refer to Rule G-1 of the Omnitrition Rules and Regulations.

I. Customer Information (Please Print) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

II. IMA Information: I.D. #. _____

Name: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

III. Product Return (Official Omnitrition retail customer sales receipts must accompany return.
Incomplete forms will NOT be processed.)

Description	Item No.	Purchase Price	Tax, If applicable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IV. Reason for Return (Please Print)

I/we have returned the unused portion of the product(s) to my Omnitrition Distributor along with my/our sales receipt as required under the Retail Customer 30-day money-back satisfaction guarantee policy. I/we acknowledge receiving the following (please check only one):

_____ PRODUCT REPLACEMENT (I/we certify opting for and receiving replacement products in lieu of a full refund from my/our distributor.) We exchange the above product for _____ .

_____ FULL REFUND (I/we understand that my/our refund is to be made by our distributor from whom I/we have made this purchase and NOT FROM OMNITRITION INTERNATIONAL, INC. I/we certify receiving a full refund from my/our Omnitrition Distributor in the amount of \$_____. I/we further acknowledge receiving my/our full refund in the form of _____ cash, _____ check, or _____ money order.

*****IMPORTANT: DO NOT SIGN THIS FORM IF YOU HAVE NOT RECEIVED YOUR PRODUCT REPLACEMENT OR FULL REFUND FROM YOUR OMNITRITION DISTRIBUTOR.**

Name: _____ Retail Customer Signature: _____

V. Distributor Statement – I/we certify that I/we have refunded the stated amount to my/our retail customer before the submission of this form and that the unused portion(s) and the customer’s sales receipt is returned so replacement can be made.

IMA’s I.D. #: _____ IMA’s Signature: _____