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# QUALITY ASSURANCE (QA) PRODUCT RETURN REQUEST FORM #1065

Use this form in accordance with rule G-2 of the Omnitrition Rules & Regulations for Independent Marketing Associates.

## I. IMA INFORMATION

IMA's Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_

IMA's Name (Last, First, Middle) *Please Print* \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

(\* Call tags are only issued for product(s) purchased within the last thirty days. All returns must have approval by Q.A. and a code prior to return to Omnitrition.)

## II. PRODUCT RETURN

<u>Quantity</u>	<u>Description</u>	<u>Item No.</u>	<u>Order No.</u>	<u>Lot/Code No.</u>	<u>Best Used By Date</u>

## IV. REASON FOR RETURN (Please Print)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## V. DISTRIBUTOR STATEMENT

I/we certify that the above statement is truthful and I/we have returned the unused portion(s) and packing sales slip so product replacement can be made per requirements of **Rule G-2**.

Date: \_\_\_\_\_ IMA's Signature: \_\_\_\_\_