

# Simply Natural Rx, Inc Product Return (RMA) Agreement

Fill out this form and mail, *via certified mail*, to:

Simply Natural Rx  
370 South Lowe Ave. Ste. A  
PO Box 163  
Cookeville, TN 38501

**DO NOT RETURN PRODUCT TO THIS ADDRESS, AS IT WILL FURTHER DELAY ANY POSSIBLE CREDIT, ALONG WITH INCREASING YOUR EXPENSES.**

Once this paperwork is received with the proper information and signatures you will be issued an RMA, Invoice and UPS return Label. **WHEN YOU RECEIVE THIS PAPERWORK, YOU ARE TO RETURN THE PRODUCT TO THE ADDRESS LISTED ON THE FORMS.**

**DO NOT SHIP BACK PRODUCT WITHOUT THIS PROPER PAPERWORK, AS IT WILL FURTHER DELAY YOUR CREDIT AND YOU WILL INCUR MORE EXPENSES.** Read the instructions below carefully so we can handle your return in a timely manner.

If you are a member of The Vibrant Health Community you can contact your Coach for assistance with any issue concerning your SNRx account.

**RMA:** All SNRx direct customers will need to follow this procedure. All products being returned MUST HAVE AN RMA (Return Merchandize Authorization) NUMBER AND THE SIGNED AUTHORIZATION FORM ACCOMPANYING THE PRODUCT OR THE ITEMS WILL NOT BE CREDITED. Any items returned without proper authorization will be quarantined until the proper paperwork is received and processed. There will be an additional \$ 25.00 charge if the paperwork has to be attached to the product after it is placed in quarantine.

**Eligibility:** Only Standard, unopened, undamaged items received in the (Print) Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone No. \_\_\_\_\_ e-mail address \_\_\_\_\_

Product Name being return: \_\_\_\_\_ Date Product was Received : \_\_\_\_\_

Reason for return: \*\* Required in order to process. If your physician recommended that you stop products, then you are required to send a copy of your medical record note, with physician's signature, name, address and phone number must accompany this return.

I understand and agree that all of the proper criteria has been met, the proper procedures have been followed, the products being returned quality according to this agreement, and that the fee and charges will be applied before a credit is issued. I understand I must wait for the RMA and authorization paperwork BEFORE mailing the product back. I also understand that if I refuse a shipment that an additional \$15.00 will be incurred by me.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please credit the following Account No. \_\_\_\_\_

Credit Card or Debit Card No. or Check Routing and Account No. \_\_\_\_\_

EXP \_\_\_\_\_

CC \_\_\_\_\_

past 30 days are eligible for return and credit. **NO CUSTOM ORDERS OR PRODUCT OVER 30 DAYS OF RECEIPT WILL AUTHORIZED TO BE CREDITED UPON RETURN.**

**Fees and Procedures:** Cancellation fee of 30%, shipping and handling charges each way for each order of \$32.00, along with a 10% restocking fee will be charged against the product return before the credit is issued. Please return the authorization form below, then you will receive an authorization that needs to accompany the product, along with an RMA number and return postage label. Attach the label and ship in a box of your choice. Please make sure the box will insure no damage in shipping as that will preclude any credit.

If you need to return more than one order this form must be filled out for each order and submitted separately.