

RETURN AUTHORIZATION FORM

RA# _____ Date: _____

Please put the letter "R" and your invoice number on the RA# line above. This will be your Return Authorization #

Please fill out this form completely

Name: _____
Address: _____
E-mail: _____
Phone: _____

60-Day Return Policy

Returned items will be accepted and your money refunded if received by us within 60 days of the date of delivery. Items returned after 60 days from date of delivery will not be refunded. There will be no exceptions. You may return items purchased on auto ship for a full refund. Non-autoship items may be returned for a refund (minus the initial shipping and handling fees). **Refused shipments will be charged a 20% restock fee.** Refunds will be issued within 12-14 business days upon receipt of the merchandise at our fulfillment center. All returned shipping fees are the customer's responsibility.

Please send the package to the following address:

**Prograde Nutrition
Care of UnitedFSI
415 Bussen Underground Rd.
St Louis, MO 63129**

Product Name	Qty	Reason #	If Other, Please specify

Reason for return: Please list reason in the box above

1. Defective/Damaged
2. Do not like flavor
3. Wrong product ordered/shipped
4. Other

Please explain damage/defect in detail here

Please return any empty or opened product as well

Customer Signature: _____

Returns Clerk: _____