



**NHM Distribution**  
 625 W. Deer Valley Rd.  
 #103-236  
 Phoenix, AZ 85027  
 Phone: 877-273-1172  
 Fax: 602-492-9989

Date of Return: \_\_\_\_\_ RA #: \_\_\_\_\_ REP NAME: \_\_\_\_\_

Store Name: \_\_\_\_\_

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

City, ST, Zip \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Original Invoice #: \_\_\_\_\_

Please complete the information below regarding the merchandise being returned.

<b>Item</b>	<b>Quantity Returned</b>	<b>Reason Returned</b> (Wrong Product/Size,Expired)	<b>Exchange</b> <b>Y/N</b>	<b>Comments</b>

**FOR COMPANY USE ONLY**

Date Received: \_\_\_\_\_ **OUTCOME** Refund \_\_\_\_\_ Exchange \_\_\_\_\_ Reship \_\_\_\_\_

Status Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved By: \_\_\_\_\_