

PERSONAL CONSUMPTION BY PRODUCT

Reliv Distributor Services Center
 136 Chesterfield Industrial Blvd.
 Chesterfield, MO 63005



Name: _____ RCN #: _____

City: _____ Province: _____

In each column enter the number of cans per invoice # _____ Order Date: _____

ITEM #	PRODUCT	QUANTITY
91022	Reliv Classic®	
91012	Reliv Now®	
91020	Innergize!® – Lemon	
91021	Innergize!® – Orange	
91059	Innergize!® Go – Blue Raspberry	
91062	FibRestore®	
91016	Reliv Now® for Kids – Vanilla	
91017	Reliv Now® for Kids – Chocolate	
91018	Reliv Now® for Kids 1	
91025	Arthaaffect®	
91027	ReversAge®	
91041	ProVantage®	
91042	SoySentials®	
91110	Cardiosentials®	
91007	GlucAffect®	
92120	LunaRich® X Capsules (120 count)	
92300	LunaRich®	
91086	24K®	
92375	Defense	

Please send the completed form to the Distributor Service Center by mail, or email (RDS@relivinc.com).
 Please allow 2-4 weeks for processing.

All products purchased on Autoship orders (<\$500 Retail) were taxed based on wholesale (after discount) at time of purchase, so no further tax reimbursements will be processed.

Note: All requests will be accepted for up to the preceding 12 months of the original order date.

_____ (Signature) _____ (Date)

I certify that the products listed above were personally consumed by myself and/or my immediate family members. Signature is required for processing of this form.