

REPLACEMENT REQUEST FORM



NOTE:

- 1.) Please submit completed form with copy of sales invoice and product.
- 2.) Please allow 3-4 working days for processing of request.

Name:	Order Date:
RCN:	Order Number:
Contact Number:	Sales Invoice No:

REASON: (please check one box only)

Product concern _____
 Packaging concern _____
 Others _____

PRODUCTS for RETURN:

ITEM CODE	DESCRIPTION	QUANTITY
PHFIT1	Fitness Pack (2 ReShape + 1 ReFit)	
PH92030M	Mini Pack (3 Now Mini-box + 1 LRX30)	
PH92012S	Starter Pack (2 cans Now + 1 LRX120)	
PH92012	Super Pack (6 cans Now + 3 LRX120)	
PH92030	LunaRichX capsules - 30	
PH92120	LunaRichX capsules - 120	
AS91013	Reliv NOW	
PH91015S	Reliv NOW sachet (40s)	
PH91015B	Reliv NOW mini box (10s)	
AS91051	INNERGIZE Orange	
AS91050	INNERGIZE Lemon	
AS91062	FIBRESTORE	
PH91016	NOW for KIDS Vanilla	
PH91017	NOW for KIDS Chocolate	
AS91025	ARTHAFFECT	
PH91027	REVERSAGE	
PH91047	RESHAPE	
PH91047A	RESHAPE Sachet (10s)	
PH92347	REFIT capsules - 60	

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Products Returned Received by:

Inventory Staff

Date: _____

for DELIVERY: (Recipient Name) _____

(House / Lot #, Street) _____

(Subdivision / Barangay) _____

(City / Province) _____

(Contact Number) _____ (Replacement Ship-out Date) _____

Reviewed by: _____ **Endorsed by:** _____

Distributor Relations Officer / Date *Sales Coordinator / Date*

Approved by: _____

Operations Manager / Date *Accounting Manager / Date*

for PICK-UP

Replacement product received in good order and condition:

Signature over printed name / Date