

\_\_\_\_\_  
Seller Name

\_\_\_\_\_  
Wellness Advocate/Member #

\_\_\_\_\_  
Address

\_\_\_\_\_  
Buyer Name

\_\_\_\_\_  
City, State

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

\_\_\_\_\_  
Email

\_\_\_\_\_  
Shipping Address

| Product | Quantity | Unit Price | Line Total |
|---------|----------|------------|------------|
|---------|----------|------------|------------|

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

**SUBTOTAL:** \_\_\_\_\_

**TAX:** \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

### Payment Method

Credit Card On File

Check      Check # \_\_\_\_\_       Cash/Amount \$ \_\_\_\_\_

Credit Card      Type \_\_\_\_\_      # \_\_\_\_\_      Exp. \_\_\_\_\_

If your purchase was made at your residence, a convention center, a craft fair, or other facilities rented by the seller on a temporary or short-term basis, you may cancel this transaction within THREE BUSINESS DAYS from the above date.

Date of Sale: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Date of Third Business Day After Sale: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

To cancel, sign and date this form indicating that you wish to cancel your purchase. Mail it to or hand-deliver it to the dōTERRA Wellness Advocate's address listed above, along with the product purchased. Please allow 10 days to process your cancellation.

**I HEREBY CANCEL THIS TRANSACTION**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_