

3879 South River Road St. George, Utah 84790, USA (435) 634-9444 Customer Service (800) 676-3652 Order Entry (435) 634-9493 FAX

## Retail Sales Receipt

Distributor Name		Date
Distributor Phone	Other	

s	Name			
L	Street Address			
D	City	State	Zip	-
T O	Phone			-

Item Code	Lot Number	Description	Qty.	Retail Price	Total Retail
Cash	UVISA/MC	□ Check #	_	Subtotal	
Card Numl	ber			Tax %	
Name on th	ne Card		Shipping		
Signature _		Date	_ ]	Fotal Cost	

#### E'OLA Product Retail Customer Guarantee

If, for any reason an **E'OLA** product is not satisfactory, return the unused portion within 30 days of the original purchase to your Independent **E'OLA** Distributor. Include a written explanation of your dissatisfaction of each product, along with proof of purchase for exchange or for a full refund.



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### DISTRIBUTOR

### Consumer Product Return

(435) 634-9493 FAX	Day Number				
	Evening Number				
Distributor ID Number	FAX Number				
Name (Last, First, Middle)					
Co-Distributor (Last, First, Middle)					
Mailing Address (Note: If you desire to have different address for shipping on file, complete for #8075)					
City	State Zip Code				

#### Product and Form must be completed by Consumer within 30 days of purchase:

An E'OLA representative may call you to verify the information on this form.

Name: Phone Number:			mber:		
Address:		Date Purc	hased:		
City:	State:	Zip: A	Amount Used:		
Reason for returning the product:					
What is your request?	□ Reimbursement	□ Replacement	Exchanged for other products		
I certify that my request has been fully satisfied by the <b>E'OLA</b> Distributor listed above. $\Box$ Yes $\Box$ No					
Customer Signature			Date		

# To be completed by Distributor and returned to E'OLA within 14 days of Customer's return: RA# must be obtained from Customer Service.

Please list the products returned by your customer.

Item Code #	Description	Quantity	Total Wholesale
		TOTAL	

All unused products and containers must be returned to E'OLA.

I certify that the information presented here is accurate. I have made every possible effort to satisfy this consumer. This transaction has been satisfactorily completed as described.

FOR INTERNAL USE ONLY

Data Processing

Distributor Signature \_

Date \_

FILE #