
Seller Name

Wellness Advocate/Member #

Address

Buyer Name

City, State

Phone #

Email

Shipping Address

Product	Quantity	Unit Price	Line Total
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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: ____/____/_____