

Return Material Authorization

**** Please Print and Mail with your return request ****

Customer Name: _____ Order date: _____ Todays date: _____

Street Address: _____ City _____ State: _____ Zip: _____

Customer Email: _____

Customer Phone: _____

Customer Reason for Return: _____

Print this form and sign and date it.

Customer agrees to be bound by ProNovex's return policy.

You will be issued an RMA number and that number must be on the outside of your package

Please remember you must return all bottles used or not.

There is a 30% restocking fee plus processing fees.

Customer is responsible for shipping.

ProNovex is not responsible for reimbursing original shipping costs.

ProNovex reserves the right to refuse supplements that have been damaged or altered.

Please allow 4-6 weeks for credit card reimbursement.

Please return to:

3651 Lindell Rd., #D722

Las Vegas, NV 89103

Customer Signature: _____

You must include this form inside of the return.

Thank you,

ProNovex