



U.S. Product Exchange or Return Form

USANA Health Sciences, Inc.
3838 W Parkway Blvd.
Salt Lake City, UT 84120
Customer Service: (888) 950-9595
Fax: (800) 289-8081
customerservice@usanainc.com
www.USANA.com

You are required to call USANA for a return merchandise Authorization number (RMA#) prior to returning any product. RMA# _____

Associate Identification Number _____ Telephone Number _____ Email _____

Name (Last, First, Middle) _____

Residential Address _____ City _____ State _____ Zip Code _____

Product Exchange

Product Return

I understand that returning USD \$200 or more of product for a refund may result in the voluntary cancellation of my distributorship.

Reason for Return _____

Note: This form should be returned within 30 days of receipt of shipment along with a copy of the proof of purchase.

Damaged Product

Missing Product

Item#	Qty.	Product Name	SV	Product Price
Total				

PLEASE LIST PRODUCT(S) DESIRED

Item#	Qty.	Product Name	SV	Product Price
Total				

RETURN PRODUCT TO THIS ADDRESS
USANA Health Sciences, Inc., 3838 West Parkway Boulevard, Salt Lake City, UT 84120 USA

Note: Write the RMA# on each package returned.

I certify that the information presented here is accurate. I understand all exchanged product must be in resalable condition. All products must be returned to USANA accompanied with a copy of the original invoice.

Signature _____ Date _____

Please make a copy for your records.