Returns/Exchange Request Form
If for any reason, you are unsatisfied with an item purchased from Diet Direct, you may return it for an exchange or full refund within 30 days of the original purchase date. Please see below for instructions:

1. Please send us the products you would like to return. You may include up to one partially used box, bottle or container per unique product (i.e. per flavor, sku). For exchange requests, shipping on the replacement items will be absolutely free.
2. Include a completed copy of this form with your shipment to ensure expedited processing of your request. If you need assistance completing the form, call our Customer Care Team at 1-800-567-3438.
3. If you are making returns or exchanges for multiple orders, please include a separate Return/Exchange Form for each order.
4. If the price of the requested replacement items differs from the original purchase price, the difference will be figured and refunded/charged accordingly.
5. Refund requests will be processed when the returned items are received at Diet Direct. A refund of the purchase price will be applied to the payment method used on the original order. You will receive a credit notification email once we have issued the refund.

Please send Exchanges or Returns to:
Diet Direct Attn: Returns/Exchanges
3200 Corporate Drive Suite B Wilmington, NC 28405

NAME: $\qquad$ PHONE: $\qquad$ -$-$ $\qquad$ DATE OF ORDER: $\qquad$ ORDER \#: $\qquad$REFUND REASON FOR RETURNING: $\qquad$
items returned: (PLEASE LIST ADDITIONAL ON BACK)

|  | ITEM\# | QTY | DESCRIPTION | FLAVOR |
| ---: | :---: | :---: | :---: | :---: |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |

REQUESTED ITEMS AS EXCHANGE (PLEASE LIST ADDITIONAL ON BACK):

|  | ITEM\# | QTY | DESCRIPTION | FLAVOR |
| ---: | :---: | :---: | :---: | :---: |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |

