



**Product Return Form**

Instructions:

- 1. Fill out the following form in its entirety
- 2. Please mail this form and the bottle of the used product to the address listed below
- 3. By following these instructions you will obtain a 100% refund of your purchase price

**Beau Rx**  
**P.O Box 51-1117**  
**Melbourne Beach, FL 32951**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address 1:** \_\_\_\_\_  
*Street Address, P.O. box, etc.*

**Address 2:** \_\_\_\_\_  
*Apartment, suite, unit, building, floor, etc.*

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip/Postal Code:** \_\_\_\_\_

**Phone Number:** (     ) \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Product Ordered:** \_\_\_\_\_

**Did you submit a rebate for this product?**     Yes     No

**If yes, what was the value of the rebate?** \_\_\_\_\_

**Please provide a brief statement of your reasons for returning our product:**

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