



RETURN ORDER FORM

Name:

(as it will appear on refund check or as it appears on credit card used for purchase)

Street Address:

City:

State:

Zip Code:

Phone Number:

Email Address:

Order #:

Amount:

Reason for return:

Please return completed form with receipt/proof of purchase and

- Unused portion of product in original bottle (for Irwin Naturals)
- Product Wrapper (for FloChi)

to the following address:

Irwin Naturals

Attn: Customer Service>Returns

5310 Beethoven St., Los Angeles, CA 90066

For more information, please contact us at (888) 223-1548. Thank You.