

Bigen[®] CUSTOMER RETURN FORM

Please print this form, complete it, and send with returned product.

Order # _____

Date of order _____

Ship to name as it appears on the order: _____

Ship to address: _____

City: _____ State/Country: _____ Zip: _____

Daytime Phone Number: _____

Email Address: _____

Please explain the reason for the refund:

Office Use Only:

Product:

Cost:

Other:

Total Refund: