

FIRST & LAST NAME :		
ADDRESS:	Address 1:	
	Address 2 :	
	City / Town :	Province :
	Postal Code :	
EMAIL:		
PRODUCT FLAVOUR NAME(S) and		
EXPIRATION DATE*: example – Lemon Mousse		
REASON FOR REQUEST :		
	Store Name :	
WHERE DID YOU BUY THE PRODUCT? (please provide approx. store address)	Location (town & province) :	
	Address (if available) :	
PAYPAL ACCOUNT EMAIL :		

- Please complete the above form (particularly the required fields)
- Email the form following the below steps:
  - o Email Subject Title "Money Back Guarantee Request"
  - o Send to info@lovegoodfats.com
  - o Attach the completed form to the email
  - Also please attach a copy of the purchase invoice (jpg or pdf). This is required as retail stores
    have different price points and promotions so we need to make sure we have the right price.
    It's also required for internal audit reasons.
  - o Please include an image of the box(es) front or bar(s) flavour name

<sup>\*</sup>Please note the expiration date is located on the box or on the flap of wrapper (BB/MA)