

Return Authorization Form

Please complete this form and include it with your returned merchandise (keep a copy for your records). Refunds are only available for products within 90 days of the original receipt. This return form is only for Vital Plan products purchased from vitalplan.com. This form may only be submitted once per individual per Vital Plan product.

First Name _____ Last Name _____

Email Address _____ Phone Number _____

Shipping Address _____

Order # _____ Order Date _____

*Your contact information is needed only for claim processing and will not be used for marketing purposes or shared outside of Vital Plan or its authorized resellers.

Where did you purchase your products?

- vitalplan.com
- amazon.com, retail store, pharmacy, or physician office (not eligible)

*Only products purchased from vitalplan.com or an authorized reseller are eligible for returns. For purchases through Amazon, please refer to Amazon's return policy.

Your submission must include:

- Completed return authorization form (this form).
- Proof of purchase – Include the original sales receipt, packing slip, or printed order confirmation email.
- Purchased products – Include the original product, including the bottle (when applicable).

Return requests missing the original bottle (when applicable) will be denied.

Product	Qty Returned	Order #	Reason for Return

Declaration – I declare that the information provided on this form is true and correct. I further declare that I agree to the terms of Vital Plan's return policy and that I have not previously submitted this form for the same product.

Signature _____ Printed Name _____ Date _____

SEND RETURNS TO:

Vital Plan Fulfillment Center
 510 Pylon Dr, Raleigh, NC 27606, USA

Please allow up to 3 weeks from receipt of package for notification of credit.