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U.S. WAREHOUSE EXCHANGE FORM

DATE:		DISTRIBUTOR ID #:			AGENT:	
DISTRIBUTOR NAME:						
MAILING ADDRESS:						
SHIPPING ADDRESS:						
CITY:		STATE:		ZIP:		PHONE:
NAME ON CARD:					<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> DISCOVER <input type="checkbox"/> NEWUS <input type="checkbox"/> JCB	
CARD NUMBER						EXPIRATION DATE: /

	E-MAIL:
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PRODUCT BEING RETURNED					IN EXCHANGE FOR				
CODE	PRODUCT	QTY	PRICE	TOTAL	CODE	PRODUCT	QTY	PRICE	TOTAL
SUBTOTAL					SUBTOTAL				
					SHIPPING				
*NOT RESALABLE TOTAL					TOTAL				

DIFFERENCE:	SIGNATURE
	DATE