

RETURN FORM

Please print clearly

1. Name:

2. Address:

Street:

City:

State:

Zip Code:

So we may contact you if there is a question regarding your return,

Telephone:

3. I am returning your product because:

4. Apply credit to:

A) My credit card number:

Card type - circle one: Visa Master

Expiration date:

The last 3 digits at the back of the card:

Billing address:

B) I prefer a check - circle one: yes no

5. Where did you purchase our product:

Website:

Phone:

Distributor:

6. Please give us any suggestions regarding our product.

Return Address:

Natura Therapeutics, Inc.
3802 Spectrum Blvd., Suite 142
Tampa, FL 33612
Tel: (813) 866-7818