| For Office Use Only |
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## Return Authorization Request Form

(Please read and complete this form carefully as the rules may have changed.)

Note: Any Associate/Member found to violate the Policies and Procedures, the Incentive Rules or the Compensation Plan will be subject to disciplinary action up to and including termination.

## Rules for Processing the Return Authorization Request Form

- All returns will be researched to determine if a Return Authorization Number will be issued.
- Only the Associate who originally paid for the order(s) can complete this form and request a Return Authorization Number.
- Any commissions earned for the past 6 months will be deducted from the refund.
- The payment method used on the original order(s) will also be used for the refund.
- Associates/Members can have only one Satisfaction Guarantee for the same product.

## Reason for Return (please check one box)

Satisfaction Guarantee—I understand that:

- I can return products purchased within the past 180 days only.
- Only returned bottles/containers are eligible for a refund.
- If my refund exceeds the Satisfaction Guarantee amount of \$1,000, my account will be terminated.
- Any commissions I earned will be deducted from the refund.
- If I am returning my sign up order, I agree to terminate my account.

- Refunds to Independent Associates and voluntary terminations—I understand that:
  - Products may only be returned in unopened, good, reusable condition within a year of purchase, and I agree to terminate my account.
  - Returns are subject to a 10% restocking fee.

## By signing this document I acknowledge that:

- This request could affect qualifying volume and commission checks for myself and my upline.
- It is my responsibility to ensure that products are returned to Mannatech at my cost.
- Only the products authorized for return are eligible for a refund.
- No shipping charges will be refunded.
- Products being returned from an approved refund must be returned within 60 days from the approval date.

Tip: Obtain a tracking number and/or insurance from the postal carrier when shipping the package. Note: Return only those items authorized. For denied refunds, no products will be returned to you.

| Account number: Order               |            | Order number:                       | er number: |  |
|-------------------------------------|------------|-------------------------------------|------------|--|
| List product(s) you plan to return: | Qty        | List product(s) you plan to return: | Qty        |  |
|                                     |            |                                     |            |  |
|                                     |            |                                     |            |  |
|                                     |            |                                     |            |  |
| ayor Account #                      |            | Preferred Method of Contact:        |            |  |
| gnature                             |            | Date                                |            |  |
| rint Name                           | Cell Phone |                                     |            |  |
| mail Address                        | Home Phone |                                     |            |  |

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you within three to five business days to discuss the return. All returns must have a Return Authorization Number assigned or a refund will not be issued.