

RETURNS FORM

Please send a copy of this form along with the items you are returning to:
National Allergy, 1620-D Satellite Blvd., Duluth Georgia 30097

Providing us with this important information will help expedite your return or exchange.

If Possible, Please Provide The Following Numbers From Your Invoice	Name _____
	Address _____
	Address _____
	City _____ State _____ Zip _____
	Daytime Phone _____ Email _____
Customer Number _____	
Order Number _____	

I Am Returning The Following Item(s)

Item Number	Quantity	Description	Reason For Return
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please Give A Refund For Returned Item(s)

Please Send The Items Below In Exchange

Item Number	Quantity	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



1-888-498-7401
Expert Customer Service Hours
Mon-Fri 9:00am – 5:30pm Eastern Time
Or e-mail support@nationalallergy.com