

# 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 Items(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 Email [Support@NationalAllergy.com](mailto:Support@NationalAllergy.com)