



MAGNESIUM FOR A BETTER YOU

Return/Exchange Form

Mg12
8604 Ellisboro Road
Stokesdale, NC 27357

Please fill out the following information in full and include with your return/exchange.

First Name: _____ Last Name: _____

Phone Number: _____ Order Number: _____

Email Address: _____

I would like to receive a: (please choose one)

Refund

Exchange for: _____ Quantity: _____

List Items Being Returned: _____

Reason for Return/Exchange: _____
