



RMA #: \_\_\_\_\_

ORDER #: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Return Merchandise Form**

(Form must be completely filled out, signed and include a copy of your receipt)

\*\*Please be sure that you have reviewed our return policy (<http://bit.ly/1yPliFb>) and have been issued a RMA number before submitting this form. Please call 703-520-2480 to be issued a RMA number\*\*

#### **STEP 1 – Customer Information**

<b>Name</b>	<b>Phone Number</b>	<b>E-mail Address</b>

#### **STEP 2 – Merchandise To Be Returned**

<b>Product Name</b>	<b>Date Purchased</b>	<b>Retailer Product Purchased From</b>	<b>Cost of Product</b>	<b>UPC Code &amp; Expiration date <small>(on bottom of box)</small></b>

#### **STEP 3 – Reason For Return**

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#### **STEP 4 – Refund**

<input type="checkbox"/> <b>Refund Check*</b>
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\*STS Health will be issuing you a refund check. You must enclose a copy of your receipt. Please allow 4-6 weeks for STS Health to receive and process your return.

**All returns forms MUST be sent via USPS (United States Postal Service) to:**

STS Health  
ATTN: RETURNS PROCESSING  
11110 Sunset Hills Rd  
PO BOX 3822  
Reston, VA 20194

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**Return Packaging Guidelines:**

- The form must be completely filled out and signed for a refund to be issued
- Please call (703) 520-2480 to be issued an RMA number
- You must enclose a copy of your receipt with this form
- Please allow 4-6 weeks for STS Health to receive and process your return
- We cannot be responsible for packages that we do not receive or that arrive damaged, due to shipping