



CUSTOMER PRODUCT RETURN FORM

Date of Return:		AlkaViva Seller's Name:		
Date of Sale:		AlkaViva Seller's Username:		
Sold To/Purchaser Information:				
Name:				
Address 1:		Address 2:		
City:		State/Province:	Zip/Postal Code:	
Phone:		E-Mail:		
Item #	Description of Returned Item	Qty.	Price	Extended Price
			Sales Tax	\$
			Shipping	\$
			Total Refunded	\$
<i>I certify that the AlkaViva Associate has refunded my purchase price to my satisfaction.</i>				
Customer Signature:				Date:
Ionizer Serial Number:				
<i>Please fax completed document to AlkaViva at (775) 201-1188</i>				
AlkaViva Internal Use Only:				
Original Order No.:		Replacement Order No.:		
Notes:				