



Retail Sales Receipt
Thank you for your order!

Date: ___/___/___

Purchaser Name: _____

Address: _____

Phone: () _____ - _____ E-mail: _____

Item No.	Description	Qty.	Price	Total
			Sales Tax:	
Sold by AlkaViva Associate (Seller Name and UserName):			Shipping:	
			Total:	
Ionizer Serial Number:				

Please be sure to complete and submit your Warranty Card to AlkaViva online or by mail.

Satisfaction Guarantee: The AlkaViva 14-day money back guarantee: If at any time in the first 14 days you wish to return your ionizer, we will give you a full refund, less 20% restocking fee, as long as your ionizer is returned in "as new condition" and in its original packaging. If you have NOT used the product, and NOT opened the box, you can return the product within 14 days of purchase for a full refund. The original shipping charges will not be refunded and return shipping must be prepaid by the purchaser. Parcels shipped to our warehouse without an RMA will be refused. If required, please call (775) 324-2400 Option 2 to obtain an RMA number.

Customer Copy – please keep this receipt for your records.



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