

Date of return		Refundee Full Name	
Refundee Email		Refundee Phone	
Product Size		Product Type	
Date of purchase		Order Number	
Batch Number		Refundee Address	

Complaint Description

Please include any descriptive information you can tell us of your experience with your lipolife purchase.

Consent	I give consent to lipolife to email me marketing communications <input type="checkbox"/>
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<p>I confirm that after using lipolife _____ I did not see the benefits of its liposomal technology. I would therefore like to request my money back. By ticking this box I acknowledge I have taken lipolife in its recommended daily dosage.</p> <p align="center"><input type="checkbox"/></p>	
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