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| **Origination Date** | **Originator** | **Customer Number #** |
|  |  |  |
| **Customer Information** |
| **Name** | **Company (if applicable)** |
| **Address** |
| **City** | **State** | **Zip** |
| **Phone #** | **Alt Phone #** |
|  |
| **Product Description** |
| **PRODUCT CODE** | PRODUCT NAME | **SIZE/COUNT** | **LOT #** | **QTY** |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |
| Complaint **(Describe complaint in space below.)** |
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| Additional Information  |
| Health-related event: Yes NoPlease e-mail this completed form to info@sabaforlife.com or fax at 888-267-6329 |