

BAXYL® - TRIXXYN® - HYAGLO® - PHAZIT®

RETAILER REFUND REQUEST

Cogent Solutions Group LLC, PO Box 4065, St. Joseph, MO 64504

**SUBMIT WITHIN 30 DAYS OF RETURN VIA U.S. MAIL OR FAX TO:
(859) 259-0788**

Manufacturer's Guarantee to Consumer:

If no positive results are seen after using the product for 30 days as recommended on label,
purchase price will be refunded by the retailer.

Date Submitted: _____

From:

Store Name

Address

City State Zip

Phone Fax

Attach Here
Return Register Receipt
(not Purchase Receipt)

*Please credit our account for a consumer return. A copy of the register receipt for the **return transaction** is attached above or follows with this transmission, and information pertinent to the return is shown below.*

Consumer Name: _____ Consumer Phone: _____

Consumer Address: _____
Street City State Zip

Date of Purchase: _____ Product Name & number of units purchased: _____

Date of Return: _____ Product Name & number of units returned: _____

Reason for return: _____

Description/Condition of returned product: _____

Lot Number: _____ "Best if Used By" Date: _____

Request submitted by: _____