



TO THE NINES, LLC
1621 West Crosby, Suite 112
Carrollton, TX 75006
888-473-6963 toll free
888-501-5997 fax

REFUND REQUEST FORM

Name: _____

Social Security #: _____ Date of Birth: _____

Mailing Address: _____

City/State/Zip Code: _____

Contact Phone Number (in case of questions): _____

Type of Refund Requested (full or upgrade portion): _____

Reason for Cancellation: _____

Upon signing below you acknowledge that your refund will be processed and calculated using the Enrollment Cancellation and Refund Policies provided and that you may not be entitled to a full refund. You also understand that your refund request may take up to 30 business days to process and mail, once this completed form has been received. You also acknowledge that if you are requesting a refund you will not be allowed to enroll as a To The Nines Consultant, at any level, for one year from the date of refund issuance. You also understand that if you are requesting an upgrade refund you will NOT be allowed to upgrade via any special offer at any time in the future. Any advancement in position will have to be earned.

Consultant Signature

Date

To The Nines Authorized Representative

Date

FOR INTERNAL USE ONLY:

Full Refund Requested? Y or N

Upgrade ONLY Refund Requested? Y or N

Enrollment Date: _____

Date of Initial Written Notification: _____

Consultant Kit Ship Date: _____

Event Kit Ship Date: _____

Inventory Shipped? Y or N

Calculated Refund: _____

Attach copy of written initial request for files.