



CIRKUHEALTH REFUND REQUEST FORM

Please complete the following information (All Fields are *Required):

First Name*

Last Name*

Street Address*

City*

State*

Zip Code*

Original Order #*

You can find this number on the email confirmation you received when you placed your order.

Please note: Your UPC number is a 10-digit bar code found on the side panel of your box. You will need to cut that out and send back with this form.

Last 4-Digits of Credit Card used for Purchase*

We'd appreciate any feedback on your experience with CirkuHealth:

Print and mail this form along with original UPC symbol (bar code) from your CirkuHealth box to:

CirkuHealth Refund Requests
890 Mountain Avenue, Suite 105
New Providence, NJ 07974

Phone: 877-692-4758 | Customer Service Hours: 9:00 a.m – 8 p.m., Monday -- Friday

*Refund requests only valid within 60 days of purchase. One refund per household or address. Offer valid for US residents only. Please allow 6-8 weeks for processing. Multiple purchases of qualifying product on same order will qualify for a refund on one carton only. Money back guarantee offer available through Mars Botanical only. Offer may not be published elsewhere without written consent from Mars Botanical. Copies of mail in refund form and UPC's will not be accepted and will not be returned. Requests for fulfillment to PO Boxes will not be accepted. Not responsible for lost, late, mutilated, stolen, misdirected, undeliverable or postage due submissions. Incomplete, illegible or fraudulent requests will not be honored. Void where prohibited.