



**Customer Refund Request**

**Please note that test kit and all documents included with kit, including prepaid shipping label/bag must be returned. Do not use the prepaid shipping label to return the kit. A copy of this completed form must also be included with return. BLTN will refund only to original purchaser/original payment credit card. A \$35 fee will be charged on all returns and deducted from refund.**

Date of Purchase: \_\_\_\_\_ Test Purchase Price: \_\_\_\_\_ Invoice number: \_\_\_\_\_

Refund Requested by (name): \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Reason for Refund: \_\_\_\_\_  
\_\_\_\_\_

Signature of Person Requesting Refund: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send Refund Request Form to:**

**Better Lab Tests Now  
109 Carpenter Drive, Suite 100  
Sterling, Virginia 20166**

**Fax: 703-450-2981**

**Email: [clientservices@betterlabtestsnow.com](mailto:clientservices@betterlabtestsnow.com)**

**For Office Use Only**

Invoice number: \_\_\_\_\_

Refund by check payable to: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

If CC Refund

Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_ Sec Code: \_\_\_\_\_

Test Purchase Price: \_\_\_\_\_ **Refund Completed by:** \_\_\_\_\_

Processing Fee: \_\_\_\_\_ **CC Credit Date:** \_\_\_\_\_

Total Amount to Refund: \_\_\_\_\_ **OR Check Request Date:** \_\_\_\_\_

Approved By: \_\_\_\_\_