



REFUND APPLICATION

CLIENT INFORMATION

CLIENT NAME .....

ADDRESS .....

CITY/STATE/ZIP .....

PHONE # (including area code) .....

CENTER NAME /STATE ..... CLIENT ID# .....

DATE .....

WHAT IS THE REFUND REQUEST FOR? .....

REASON FOR REFUND REQUEST .....

.....

REFUND AMOUNT REQUESTED .....

Please allow up to 8 weeks for the processing of your refund request.

SEND COMPLETED APPLICATION AND A COPY OF YOUR ENROLLMENT AGREEMENT BY CERTIFIED MAIL TO:

Pure Weight Loss
747 Dresher Road
Suite 100
Horsham, PA 19044
ATTN: Customer Service -HQ