



Customer Refund Questionnaire

Please print and complete this form and send it along with your original sales receipt, original bottle/box, and supporting documents to:
HIGH VOLTAGE P.O. Box 35860 Las Vegas, Nevada 89133

Name _____

Address _____

City _____ State _____ Zip _____ Phone (_____) _____

Date of Purchase _____ Method of Purchase (circle one) Check Cash Visa MasterCard Amex Discovery

Name of Store _____

Store Address _____

City _____ State _____ Zip _____

Reason for Refund

Supporting Documents

1) Have you ever taken any type of cleanser prior to taking High Voltage Detox products?

- Yes, I have taken the brands: _____
- No

3) Prior to taking the product, did you stay away from toxins for 24 to 48 hours?

- Yes
- No

5) Did you have symptoms of Neon Green Urine or Yellow Urine?

- Yes, how long after taking the product: _____
- No

7) What is your normal intake of water?

- Less than 4 Glasses per day
- 4-6 Glasses per day
- 7-10 Glasses per day
- More than 10 Glasses per day

2) Have you taken High Voltage Detox products in the past?

- Yes, if so what product: _____
- No

4) Did you have 3 full size urinations after taking the product?

- Yes
- No

6) Did you have symptoms of diarrhea after taking the product?

- Yes, how long after taking the product: _____
- No

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