



PRODUCT EXPERIENCE REPORT (PER)

SHAKLEE MEMBER INFORMATION			
NAME			
MEMBERSHIP NUMBER			
ADDRESS		(STREET)	
CITY	PROV.	POSTAL CODE	
()			
AREA CODE	TELEPHONE		

CUSTOMER INFORMATION			
NAME			
MEMBERSHIP NUMBER		(IF APPLICABLE)	
ADDRESS		(STREET)	
CITY	PROV.	POSTAL CODE	
()			
AREA CODE	TELEPHONE		
CUSTOMER SIGNATURE			DATE

INSTRUCTIONS:

This report should be used by Members to report all discrepancies that are related to the Guarantee Programme or the actual use of a Shaklee product. All other problems (e.g., carrier damage, billing) should be reported by calling Shaklee Canada Inc. at 1-800-263-6674.

1. For rapid response and effective handling, please use a separate form for each customer.
2. Fill out a receipt listing the customer's name, address and telephone number, the product being returned (including size or item code number), and the selling price.
3. Write on the receipt the nature of the dissatisfaction, being as specific as possible.
4. Have the customer sign and date the receipt, noting the action you have taken (replacement or refund).
5. Fill out the Product Experience Report (PER) form completely and attach receipts. (If receipt isn't available, have customer sign PER.)
6. Include all lot numbers involved. These numbers are customarily found on the product label or on the bottom of the product container.
7. Include the Order Number which is sent in the Order Confirmation e-mail.
8. Keep the product until instructed by the Home Office as to its disposition.
9. Submit the Product Experience Report to Shaklee Canada Inc., 529 Michigan Drive, Unit 700, Oakville, ON, L6L 0C4, Attn: Field Support, or FAX to 1-800-281-4160, or scan & e-mail to canada@shaklee.com.

REMEMBER: We need your help to stay aware of our customers' needs. By promptly giving a replacement or refund and notifying us on a PER, you not only keep your customer happy and satisfied, but you also help keep Shaklee "THE NAME THAT IS THE STAMP OF QUALITY™."

NATURE OF DISSATISFACTION - BE SPECIFIC					
PRODUCT NAME	CODE #	LOT #	QUANTITY	ORDER #	NATURE OF DISSATISFACTION

Please indicate if you wish a: Replacement Refund

FOR OFFICE USE ONLY					
PRODUCT CODE	UNITS	BUSINESS LEADER ACCOUNT		SHIP	REASON
		DEBIT	CREDIT		

DATE PROCESSED:	PROCESSED BY:	INVOICE #:
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