

## Existing Retailer Return form

Store Name \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Email address \_\_\_\_\_

| Magazine | Month | Year | Amount Returned |
|----------|-------|------|-----------------|
|          |       |      |                 |
|          |       |      |                 |
|          |       |      |                 |
|          |       |      |                 |

Any questions please call 1-800-845-8050 option #2 or email us at [RodaleDirectSales@rodale.com](mailto:RodaleDirectSales@rodale.com)