



## Return Authorization Form

Name: \_\_\_\_\_ RA #: \_\_\_\_\_ (from from Customer Service 800-962-5660)

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Order #: \_\_\_\_\_ Reason for Return: \_\_\_\_\_

Credit my Credit Card       Exchange for: \_\_\_\_\_

### Returned Items

Product Code	Quantity	Product Description	Price	Ext. Price

### Comments or Additional Information


**Returns can be made to:**

Mohawk Medical Mall  
335 Columbia St  
PO Box 27  
Utica, NY 13502

**When returning merchandise, be sure to obtain a Tracking Number or Delivery Confirmation from your shipping source. Mohawk Medical Mall is not liable for lost or damaged merchandise, when items are being returned.**

For further assistance, please contact Customer Service M-F 8:30-5 at 800.962.5660 or [Sales@MohawkMedicalMall.com](mailto:Sales@MohawkMedicalMall.com)

### For Customer Service

Return Date: \_\_\_\_\_ Received By: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_