



Return Authorization Form

Name: _____ RA #: _____ (from Customer Service 855-366-4295)

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

Do Not write on the Manufacturer Packaging - This will result in a Greater Restocking Fee or No Credit

Returns can be made to:

Mohawk Medical Mall
25 Industrial Park Drive
Attn: Web Returns
Little Falls, NY 13365

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 855-366-4295 or Sales@MohawkMedicalMall.com

For Customer Service

Return Date: _____ Received By: _____

