

Return Authorization Form

Name:			RA #: (from Customer Service 855-366-4295)		
Phone:			E-Mail:		
Order #:	Reason for	Return:			
☐ Credit my Credit (Card 🔲 Exchar	nge for:			
Returned Items	•				
Product Code	Quantity	Product l	Description	Price	Ext. Price
Comments or A	Additional Infor	mation			
De Net um	ite on the Manufactur	var Daakasina. Th	io will requit in a Cra	actor Doctocking Foo	u No Cuadiá
DO NOT WI	ite on the manufactu	rer Packaging - Th	is will result ill a Gre	eater Restocking Fee o	i No Credit
Returns ca	n be made to:		When returning	merchandise, be sure	o obtain a Tracking
Mohawk Medical Mall 25 Industrial Park Drive			Number or Delivery Confirmation from your shipping source. Mohawk Medical Mall is not liable for lost or damaged		
Attn: Web Returns Little Falls, NY 13365			merchandise, when items are being returned.		
For further equipte	noo mlaaga aantaat i	Cuatamar Samina I	W F 9.20 E at 955 26	6-4295 or Sales@Moha	www.MadiaalMall.aam
FOI TUITITIEI assista	nce, piease contact (Customer Service i	N-F 0.30-3 At 033-30	o-4295 or Sales@Molla	wkinedicalinali.com
For Customer S	Service				
Return Date:		Received By:			