



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:

MonsterMed
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. MonsterMed 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@MonsterMed.com

For Customer Service

Return Date: _____ Received By: _____
