THE MEDICAL ZONE

Return Authorization

RA#:

To submit a request for a return authorization, please provide all the following information.

Company and Contact Information

Customer Name	
Company Name	
Customer Address	
Customer Phone	
Customer E-Mail	

Invoice and Item Information

Invoice #	Mfg	Item Number	Qty	Reason for Return	Comments

* In the "Reason for Ret urn" column, please include a number, 1-6 (listed below), that corresponds to your reason for return. Write a specific note to our shipping department in the "Comments" column if you indicate "Sh ipped Wrong Item" or "Shortage". Please indicate the product you did receive and whether you still want the original item shipped to you.

Reason for Return Codes:

1 - Ordered wrong item
2 - Shipped wrong item*
3 - Shortage *
4 - Defective
5 - Damaged
6 - Overage