



RMA REQUEST FORM

RMA #

Please fill out this form and email or fax to us a sales@medgluv.com or 954-586-5310.
A Medgluv representative will contact you with a Return Merchandise

Account No: _____ Date _____
Company Name: _____ Tel: _____
Contact Person: _____ Fax: _____

Invoice #	Item #	Lot #	Case Qty.	Reason for Return (Damage, Wrong Item, Quality)	Corrective Action Required (Credit, Exchange)
Total Case Qty					

Please mark the RMA number on the outside of all returned merchandise packaging.

All non-defective items are subject to a 15% restocking fee. Returning party shall prepay shipping to returned merchandise. All returned merchandise must be shipped back to Medgluv within (fifteen) 15 days of issuance of the RMA number.

Failure to returned goods within (fifteen) 15 days of issuance of RMA number will result in additional invoice and charges.

Medgluv only accepts returned of Medgluv brand products that are purchased and invoiced within a 90-day period.

Do not destroy damaged/affected goods until you have spoken with a Medgluv Representative.

Terms and conditions acknowledged and agreed by:

Signature

Name/Title

Company

Date

Please ship returned merchandise to:

Medgluv Inc
4100 Coral Ridge Drive, Suite 100
Coral Springs, FL 33321
Attn: Return Dept RMA #:
sales@medgluv.com
www.medgluv.com