

## TICKERWORKS

1300 E. Bidwell St. Suite 105  
Folsom, CA 95630  
(916) 850-0132

# Return Merchandise Authorization

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**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

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**Product(s) Returned:** \_\_\_\_\_  
*(List Product Name/Model # and Sku)*

**Quantity Purchased:** \_\_\_\_\_

**Quantity Returned:** \_\_\_\_\_

**Purchase Date:** \_\_\_\_\_

**Reason For Return:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Was the product used?** *Y / N (Please circle)*

**If the Product was used, please indicate medications/substances in contact with the returned product:**

\_\_\_\_\_  
\_\_\_\_\_

*Note: Any products in contact with hormones, radioactive substances, or hazardous chemicals must be decontaminated or sterilized and placed in sealed packaging before shipping for return*

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I, \_\_\_\_\_ (printed name) hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately.

**Signed:** \_\_\_\_\_