



PLEASE FAX BACK TO 951-735-1109

Customer Return Products Authorization

Request received by _____ Received on _____

Customer Details

Company _____	Contact _____ ID _____
Address _____	Phone _____ Fax _____
_____	Signature _____
City _____	State _____ Zip _____

Product Details

ITEM DESCR.	LOT #	QTY	REASON FOR RETURN	EXP DATE	DATE

IF YOU ARE RETURNING AN RX AND/OR REFRIGERATED PRODUCT, YOU CONFIRM THAT YOU STORED THE PRODUCT WITHIN THE MANUFACTURER SPECIFICATIONS AND THE PRODUCT RETURNED IS IN A SELLABLE CONDITION....PLEASE SIGN _____

For internal use only

RMA # _____	Restocking fee _____	Credit amount _____
Issued by _____	Return rec'd on _____	Credit issued by _____
Issued on _____	Return rec'd by _____	Credit issued on _____
Good until _____		Replacement sent _____