



## Return Merchandise Authorization Request

All returns must be approved. Please complete the required information below for each invoice and e-mail form to [sales@medicalwholesale.com](mailto:sales@medicalwholesale.com) or fax it to (210) 366-1250. We will contact you with instructions on returning the product and if there are any charges involved: re-stocking fee, freight charges, etc.

Date:			
Your Name:			
Company Name:			
Phone:			
E-mail Address:			
Invoice Number(s):			
Reason for return:			
Please list item number, quantity, and unit of measure for each return.			
Item Number:		Qty:	Unit:
Item Number:		Qty:	Unit:
Item Number:		Qty:	Unit:
Item Number:		Qty:	Unit:
Item Number:		Qty:	Unit:
Item Number:		Qty:	Unit:
Item Number:		Qty:	Unit:
Item Number:		Qty:	Unit:
Item Number:		Qty:	Unit:
Item Number:		Qty:	Unit:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date