

First Medica

Return Authorization Form

Date:

Returned by:			
PO #:		Date:	/ /
First Medica Invoice #:		Amount:	
Requested Credit Amount:			
Contact:			
e-mail:			
Phone: () -		FAX: () -	

	Description	Qty	Value	Serial # (if equipment)
1				
2				
3				
4				
5				
6				
7				
TOTAL:				

Reason for return

Restocking fee:		Approved by:	
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Authorized:	RMA #:		Date: / /
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Fax this form to: (336) 292-1322 - do not return item until an RMA # has been issued

All returns are subject to inspection and review by First Medica prior to issuing any credit.

First Medica, 3704-C Boren Dr, Greensboro, NC 27407, (800) 777-7072