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:	

Authorized:	**RMA #:**		**Date: / /**

e-mail this form to: information@firstmedica.com or fax it 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