



PRODUCT RETURN FORM

ACCOUNT NUMBER _____

ACCOUNT NAME _____

CONTACT PERSON NAME _____

PHONE NUMBER _____

FAX NUMBER _____

Please complete the following information and fax to Amcon, The Eyecare Supply Center, at (800)397-0013. After our Customer Service Department reviews your request, the form will be faxed back to you with an Authorization Number for the return. **DO NOT SEND PRODUCT WITHOUT AUTHORIZATION NUMBER.**

Please return your product with Authorization Number and a copy of this form to:

**Amcon, The Eyecare Supply Center
9735 Green Park Industrial Dr.
St. Louis, MO 63123**

RETURN POLICY:

- **Returned merchandise requires an authorization number from the Customer Service Department.**
- **Merchandise must be in original packaging and in as-shipped condition.**
- **All shipment shortages must be reported within 7 days of delivery.**
- **No returns will be accepted after 90 days.**
- **Special Order items are non-returnable unless defective.**

PRODUCTS TO BE RETURNED:

<i>Invoice #</i>	<i>Stock #</i>	<i>Description</i>	<i>Quantity</i>	<i>Reason for Return</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

For Amcon Use ONLY:

Return Authorized by: _____

Date: _____

Return Authorization #: _____