



# 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 a Return Merchandise Authorization (RMA) number. 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/defectives must be reported within 7 days of delivery.
- No returns will be accepted after 30 days.
- Special Order items are non-returnable unless defective.
- All Returns are subject to a 15% restocking fee.

### PRODUCTS TO BE RETURNED:

Invoice #	Stock #	Description	Quantity	Reason for Return

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For Amcon Use ONLY:

Return Authorized by: \_\_\_\_\_

Date: \_\_\_\_\_

Return Merchandise Authorization (RMA) #: \_\_\_\_\_