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HQAA ACCREDITED

RETURN MERCHANDISE AUTHORIZATION FORM

- This form must be filled out completely in order for ACG Medical Supply to issue a Return Merchandise Authorization (RMA) Number
- Please be specific regarding the reason for the merchandise return
- Write the RMA Number on the outside of your return shipping box
- An RMA Number is valid for ten (10) days from the date of issue
- Merchandise returned after the RMA Number has expired, or without an RMA Number written on the return shipping box, will be refused

Buyer's Name: _____ Buyer's E-mail: _____

Buyer's Phone No: _____ Buyer's Fax No: _____

Buyer's Shipping Address: _____

State & Zip Code: _____

Qty: _____ Item Ordered: _____

Serial No. _____ Order ID: _____

Order Date: _____ Cost: _____

Reason for Return: _____

RMA NUMBER: _____

DATE: _____