AjentisMedicalInc.

Request for Return

Please return by fax: **780.457.0054**

- **Ajentis Medical will not accept or credit your account until a valid authorization number has been issued.**
- This form will be returned to you within **10 working days (2 weeks)** with either a valid authorization number or a denial for return.
- This form and a copy of the original invoice(s) must accompany your return shipment.

ALL RETURNS ARE FREIGHT PREPAID BY THE SENDER

* If the error was made at Ajentis Medical we will advise the method of shipping on the return confirmation

- Any items damaged in transit are the responsibility of the Sender and will not be credited.

DO NOT SEND BACK GOODS UNTIL YOU RECEIVE A VALID RETURN AUTHORIZATION NUMBER

DO NOT FILL IN

Return Number:

Date: _____

Customer Name: _____ **Contact Person:** _____

Customer Address: _____

Customer Email Address: _____

_____

Telephone #: _____ **Facsimile #:** _____

	Item #	Full Product Description	Qty	Cost	Invoice Number	Invoice Date	Reason For Return Please explain for each item	Exp. Date (if applicable)	Yes/ No
1.									
2.									
3.									
4.									