



FLU VACCINE RETURN AUTHORIZATION FORM

Date
Return Authorization Number



**RETURNS TO BE ADDRESSED TO:
NATIONWIDE MEDICAL SURGICAL INC.
ATTN: RETURNS DEPARTMENT
14141 COVELLO ST, BUILDING 6C
VAN NUYS, CA 91405**

Please sign the form and include a copy in the returned shipment. Returned product must be unopened, in its original packaging and in saleable condition (unless damaged in transit). Returned goods will be examined by NMS to ensure lot numbers match original shipment and must meet all criteria in order to receive full credit. Restocking fees of up to 20% may apply.

**Flu Vaccine Returns: Up to 15% of each presentation may be returned for credit. Returns must be unopened and in its original packaging. Flu vaccine credits may only be applied to the following year's purchases of flu vaccine.
FLU VACCINE MUST BE RETURNED BY MARCH 31.**

Invoice#	Return Product By or Before	
Customer Name	Sales Rep Name	
Telephone	Email Address	
Street Address	Contact Name	
City	State	Zip Code

QTY	Item Description	NDC	Lot#	Exp. Date	Reason for Return

The undersigned hereby guarantees that all returned products have been purchased from NMS. Products have been stored, handled and shipped according to manufacturer guidelines and in compliance with Federal and State Laws. Returned goods must meet all return policy guidelines for credit to be granted. I have read and agree to this return policy.

Signature: _____ Date: _____