



RETURN AUTHORIZATION FORM

ACCOUNT NAME

DATE ACCOUNT #

INVOICE # (If Known)

NAME OF PRODUCT	QTY	PRICE PAID

REASON FOR RETURN

ACCOUNTS PAYABLE CONTACT

PHONE NUMBER

COMPLETE FORM AND SEND:
EMAIL: info@promedics.ca | FAX: (604) 730-7186

OFFICE USE ONLY

CREDIT MEMO #

BC ON NR