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| **Section A: Product Return Request****(To be completed by customer)** |
| ***Customer Name:*** |  |
| ***Customer Address:***  |  |
| ***Email Address:*** |  | ***Product to be returned:*** |  |
| ***Phone Number:*** |  | ***Quantity to be returned:*** |  |
| ***Order Number:*** |  | ***Preferred action for unwanted product?*** | [ ]  Replacement [ ]  Refund |
| ***Has the product been used or worn?*** | [ ]  Yes [ ]  No |
| ***Has the garment been washed before returning?***  | [ ]  Yes [ ]  No [ ]  N/A  |
| ***Reason for the return of product:*** |
| ***Category of return:*** |
| [ ]  Delivery Error | [ ]  Too Big | [ ]  Too Small [ ]  Change of Mind |
| [ ]  Different to what I expected | [ ]  Defective Product | [ ]  Other, detail: |
| ***Product Return Request:***  | Name  | Date |

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| **Section B: Returned Merchandise Authorisation** **(To be Completed by HidraMed Solutions)** |
| ***Returned Merchandise Authorisation:******(Quality Approval)*** | [ ]  Yes[ ]  No | Name  |
| Title | Date |
| ***Returned Merchandise Authorisation Number:******PLEASE NOTE:*** *Issuance of an RMA number does not infer the authorisation of credit.* |  |
| ***Has the customer used or worn the product?*** | [ ]  Yes [ ]  No |
| ***Has the customer washed the returned garment?*** | [ ]  Yes [ ]  No [ ]  N/A |
| ***Return to:*** |  |