|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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:*** | |  | |