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 homedicalsupply.com

## Return Merchandise Authorization Form

RMA NO.: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

PLEASE CHECK BOX:    RETURN       EXCHANGE

\*Please let us know the reason for this return by entering a Reason Code(s) column to the left of the item number in the form below. Reason codes are listed below the return form.

**REASON CODES:** 001 = TOO BIG      002 - TOO SMALL      003 - WRONG COLOR      004 - WRONG ITEM  
                          005 - DAMAGED      006 - EXCHANGE      007 - WRONG FIT

REASON CODE	ITEM NO.	DESCRIPTION	COLOR	SIZE	QTY

**NON-RETURNABLE PRODUCTS**

Certain Items cannot be returned for any reason due to our compliance with State, Federal and Safety Regulations. Some products are non-returnable for health, sanitary and safety reasons.

- . Any item that has been used in any shape or form.
- . Any item returned more than 10 days after invoice date.
- . Any item that is damaged or is missing parts.
- . Any item that is dirty or soiled.
- . Any item missing appropriate instructions &/or packaging.

1. Please fax or email the RMA form to: [info@goodhopecare.com](mailto:info@goodhopecare.com) or Fax: 919-874-5123
2. Shipping address and RMA# will be provided to you.
3. Upon receipt of RMA#, Ship product(s) along with enclosed copy of Return and Exchange form.
4. Keep a copy of your shipping receipt.