RETURNS LABEL

FROM _____

RETURN TO

AliMed® inc.
297 HIGH STREET
ATTN: RECEIVING DEPT.
DEDHAM, MA 02026

RA# (IF REQUIRED) _____

ACCOUNT NO. (REQUIRED) _____

ORDER NO. (REQUIRED) _____

Contact our Customer Service Department ***only*** if your goods are ***damaged/defective or exceed a $100.00*** dollar value at 1-800-225-2610 and an RA number will be given. Please have your order number available to facilitate the call.

EXPRESS RETURN – less than $100.00

- No returns can be accepted for special orders, custom products, products used for drinking or eating, and footwear products.
- All returns are subject to a 20% restocking charge.
- Original packing list or invoice must accompany the return.
- No returns will be allowed if past 30 days from invoice date.
- Please allow 3-4 weeks to process your credit.
- The product must be in new, resaleable, unmarked condition.
- Credits exclude shipping and handling charges.
- No call tag/pickup slips will be issued. It is your responsibility to return the merchandise.

SHIPPING INSTRUCTIONS

1. All original parts and instructions must be included in the original boxes to ensure full refund.
2. Please use the label provided below to return merchandise.
3. **Enclose original invoice or packing list.**
4. **Complete the form at right and include in the box.**
5. All shipping costs must be prepaid, ship via UPS Ground or Parcel Post. (Sorry, we cannot accept COD's.)

For your protection, we request that you return via insured UPS or Insured Parcel Post

DAMAGED GOODS/SHORT SHIPMENTS

Must be reported within 10 days of receipt. Be sure to note any damage or poor box conditions when signing for packages. If shipment arrives damaged or with parts missing, contact the carrier immediately. Be sure to save the product packaging.

▶ *Express Return*

For returns ***less than $100.00*** in value and ***not damaged/defective***.
No return authorization number required.
Simply complete this section.

List item(s) being returned (kindly complete all boxes)

Item Number	Qty.	Description/Size	Price/Ea	Reason Code

Reason for Return

A. Wrong Size B. Wrong Item C. Duplicate Shipment D. Other (please explain)_____

Desired action:

I would like to… A. ☐ Exchange merchandise B. ☐ Receive credit**

To exchange and reorder, please list below item details

Item Number	Qty.	Description/Size	Price/Ea	Reason Code

Method of payment

☐ Check enclosed ☐ MasterCard ☐ VISA ☐ American Express
☐ Account # _____ P.O. #_____
Credit Card No. _____ Exp. Date _____

Signature _____

$	+ $	+ $13.49	= $
Merchandise total	Sales Tax (MA 5%) (SC 6%)	S&H*	Total

*For credit card, check orders, and all orders less than $100.00.
**A credit memo will be issued after the returned goods are received by AliMed.
No cash refund after 30 days. Credit given for returns after 30 days will be for merchandise only.
Requests for cash refunds must be in writing.