

# Grove Medical's Request For Return Authorization Form

1089 Park West Blvd. Greenville, SC 29611 864-269-0283



REQUEST FOR RETURN AUTHORIZATION INSTRUCTIONS:

STEP 1: COMPLETE TOP PORTION ON FORM (\*indicates required fields)

STEP 2: FAX FORM TO 864-220-1745 OR EMAIL TO [grovecustomerservice@grovedmedical.com](mailto:grovecustomerservice@grovedmedical.com)

### INFORMATION NEEDED TO REQUEST RMA

| *Today's Date                       |                  |           |           |                     |         | Account #                  |                    |
|-------------------------------------|------------------|-----------|-----------|---------------------|---------|----------------------------|--------------------|
| *Facility Name                      |                  |           |           |                     |         | *Phone #                   |                    |
| *Address                            |                  |           |           |                     |         | Fax #                      |                    |
| *Contact Name                       |                  |           |           |                     |         | Grove Sales Representative |                    |
| Date<br>of Order                    | Sales<br>Order # | Invoice # | *Quantity | *Unit of<br>Measure | *Item # | *Description               | *Reason for Return |
|                                     |                  |           |           |                     |         |                            |                    |
|                                     |                  |           |           |                     |         |                            |                    |
|                                     |                  |           |           |                     |         |                            |                    |
|                                     |                  |           |           |                     |         |                            |                    |
|                                     |                  |           |           |                     |         |                            |                    |
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|                                     |                  |           |           |                     |         |                            |                    |
|                                     |                  |           |           |                     |         |                            |                    |
|                                     |                  |           |           |                     |         |                            |                    |
|                                     |                  |           |           |                     |         |                            |                    |
|                                     |                  |           |           |                     |         |                            |                    |
|                                     |                  |           |           |                     |         |                            |                    |
|                                     |                  |           |           |                     |         |                            |                    |
| To Be Completed By Customer Service |                  |           |           |                     |         |                            |                    |
| Approved By                         |                  |           |           |                     |         | Denied By                  |                    |
| Date                                |                  |           | RMA #     |                     |         | Method of Return           |                    |
| Comments                            |                  |           |           |                     |         |                            |                    |
|                                     |                  |           |           |                     |         |                            |                    |
|                                     |                  |           |           |                     |         |                            |                    |
|                                     |                  |           |           |                     |         |                            |                    |

\*\*\*A customer service representative will call you with the RMA# and instructions for return. All returns are subject to Grove Medical terms and conditions which are located on the back of your invoice\*\*\*