Parason Health Products, Inc.
12230 E. Florence Ave.
Santa Fe Springs, CA 90670-3806
United States of America
(562) 944-5400
Fax (562) 944-9474

RETURN MERCHANDISE AUTHORIZATION (RMA)

PLEASE FAX SIGNED COPY TO 562-944-9474 OR INCLUDE COPY OF THIS FORM WITH PRODUCT TO BE RETURNED

This RMA form will not be accepted unless a Parason Health Products, Inc. technician has provided you with an approved RMA authorization number prior to your return shipment. Return authorization is only valid for ten (10) business days from the date which it was issued.

Customer Name:		**RMA Number**	
Company Name:		**Account Number:**	
Phone:		**Fax:**	
Purchase Date:		**Purchased From:**	

REASON FOR RETURN:

By signing below, customer agrees to pay a restocking fee:

Customer Signature _____ Date _____

FOR PARASON HEALTH PRODUCTS, INC. USE ONLY

Date Received:		**Received By:**	

ITEMS RETURNED: