

Required on ALL pages PAGE _____ OF _____ ACCT # _____

FAX RETURN REQUEST TO: 800-391-8507
EMAIL RETURN REQUEST TO: returns@medcocorp.com

CUSTOMER INFORMATION

Account #	Name
Reference # (To display on actual credit)	Fax # or Email Address (For MEDCO RMA to be returned to)
Contact Name	PHONE #
Customer Branch/Location (If applicable)	

ITEM INFORMATION *Note: All returns are subject to inspection and do not guarantee credit.*

	LINE CODE	PART #	QTY NEW	QTY DEF	Reason For Return	Original Order/P.O. # # If purchased within 90 days.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Note: Original order number, or P.O. number is required to avoid a 15% restocking fee on NEW items purchased within 90 days.

- All returns require an RMA number. RMA request form must be submitted prior to returning product.
- Returned merchandise must include the RMA number and be physically received at the Medco warehouse listed on the RMA form within 30 days of RMA issue date.
- All new returns must be in resalable condition and in the original manufacturer packaging. (*Customer is responsible for return freight costs*).
- Serial number is required for all new scan tools and AC machines.
- All new returns are subject to a 15% restocking fee after 90 days of original invoice date. Restocking fee is waived for product purchased within 90 days if original order # and/or PO# is listed on RMA request form.
- All new returns older than 12 months from original invoice date will not be accepted.
- All special order, discontinued, expired or set to expire within 120 days, damaged or not purchased from Medco are not returnable.
- All pre-approved claimed defective material will be credited in accordance with manufacturers' warranty policy.
- All returns, new and defective, are subject to inspection and warehouse approval.
- Returns cannot exceed 5% of total purchases from previous year.