



**INDEPENDENT
PHARMACEUTICAL**

854 E Crescentville Rd.
West Chester, Ohio 45246
Phone: 888-258-5036
Fax: 844-668-8628

Request for Return Authorization/Credit

Customer Info:

| | | | |
|-----------------------|--|-----------------|--|
| CUSTOMER ID: | | CONTACT: | |
| BUSINESS NAME: | | PHONE: | |

| | | | |
|--------------------------|--|----------------|--|
| PHYSICAL ADDRESS: | | E-MAIL: | |
| | | FAX: | |

Product Info:

| NDC | ITEM DESCRIPTION & LOT# | QTY | REASON FOR RETURN OR CREDIT | ORIGINAL INVOICE# | PRICE PER EACH ON INVOICE | CREDIT PER EACH AMOUNT | C R E D I T | R E T U R N |
|-----|-------------------------|-----|-----------------------------|-------------------|---------------------------|------------------------|----------------------------|----------------------------|
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The undersigned guarantees the following:

1- That all product returned to Independent Pharmaceutical, LLC are un-opened, un-adulterated, and sealed in original containers.

2- That all product returned to Independent Pharmaceutical, LLC have been stored, handled, and shipped in accordance with manufacturer guidelines, Federal, State and Local laws, while in the purchaser's custody and control.

3- That the specific unit(s) (exact unit(s)) being returned was purchased from Independent Pharmaceutical, LLC.

Updated 09/16/2020

Customer Name/Title (Printed): _____ Customer Name (Signature): _____