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## **RETURN AUTHORIZATION FORM**

In order to expedite the processing of your RMA, please fill out this form completely. Fax the form back to **800-671-9980**. Once your RMA request is processed, we will return your form with a Return tag via\_email or fax.

### **Required Customer Information**

Company Name:		Phone #:	
Shipping Address:		Fax #	
		Email:	
		DEA Number:	
Contact Person		Date Purchased:	

### **Product and Return Information**

QTY	NDC	Description	Invoice #	Lot #	Serial No	Reason for Return

Total QTY: \_\_\_\_\_

RMA#: \_\_\_\_\_

## **RETURN POLICY**

### **How to Process a Return**

- Access Transaction Data: Use your Republic ordering portal (Bluelink) to find your DSCSA transaction information, including the sales order and invoice details.
- Verify Product and Purchase Information: Match the serial number of the product you intend to return with the information found in your historical DSCSA data. If the data does not align, the return will be denied.
- Request Return Authorization: Initiate the return process to obtain a Return Authorization.
- Process Return: Follow the instructions for preparing and shipping the returned product.
  
- Returns require a Returned Merchandise Authorization (RMA). Fill out the Return Authorization form (<https://republicpharma.com/forms/>)
- RMAs expire after 30 days. Products returned without an RMA will be destroyed with no credit issued.
- Report shipping damage or errors within 24 hours of delivery to receive full credit.
- Allow up to 14 days for credit processing. Do not deduct returns from the invoice until you receive an official credit memo.
- Returns may be subject to a 20% handling fee and return shipping costs.

### **Non-Returnable Products**

- Short-dated (less than 12 months) or final sale products.
- Refrigerated or controlled substance.
- Items with altered, damaged, or missing labels.
- Suspected counterfeit, outdated, or adulterated goods.
- Returns from inactive, delinquent, or closing accounts.
- Unauthorized bulk returns.

I acknowledge that the product being returned was purchased from Republic Pharmaceuticals and that the product was stored under appropriate conditions of temperature, humidity, and light. Under penalties of perjury, I declare that I have read the foregoing and that the facts stated here are true.

**SIGNATURE OF PHARMACIST OR AGENT:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**THE BELOW INFORMATION WILL BE COMPLETED BY REPUBLIC PHARMA:**

**RMA ACCEPTED BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_