



1-800-681-8831

Return Authorization Slip

Patients Name: _____

Address: _____

Phone #: _____

Product returned: _____

Customer: Please initial the following:

You have requested for Southern Mobility and Medical (SMM) to pick up your item. The charge for pick up is \$_____ and will be subtracted from your refund, whether your return is accepted or not. If SMM delivered your equipment, a delivery charge will be subtracted from the refund as well.

I understand that we will not accept ANY items that are received after 30 days, that are used, are not in new condition or do not meet our full Terms and Conditions. Final evaluation for credit will be completed upon return in store. If your item does not meet return criteria, you are responsible to pick up your item and all costs related. We are not responsible for items left in our possession.

I understand that a restocking fee and any free or reduced delivery charges at time of purchase will be re-instated and subtracted from any credit issued.

Customer Signature Printed Name Pick up Date

Signature of Delivery Technician Pick up Date

Office only below
Pick up remarks: _____