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Return Merchandise Authorization Form

To submit a Return Merchandise Authorization (RMA) request, complete the following form. In order to expedite your request, please complete all information requested below.

Return the completed form to returns@accessibilitymedical.org or fax to +816-363-3469. You will be notified with an RMA number if your return request has been approved. Shipping information for sending the unit to Accessibility Medical will be provided once the RMA is issued.

Customer Name:	
Phone:	Email:
Street Address:	
City, State, Postal Code:	
Order Number:	
Date of Purchase:	

Product Information

Product Name/Description:
Model Number:
Serial Number:
Reason for Return or Description of Problem:

Important

For complete return policy, please visit: <https://www.accessibilitymedical.org/service/shipping-returns/>

Please note:

- If you have a product defect issue that is covered by warranty it may not be necessary to return the product to receive a replacement or refund.
- All Returns that are not related to a product defect or error on the part of Accessibility Medical are subject to a 25% Restocking Fee. In addition, the cost of return shipment in such instances is the responsibility of the customer. All returned items that are not related to a product defect or error on the part of Accessibility Medical must be received by Accessibility Medical at the provided Return Address with a valid RMA number and in their original condition within 30 days of receipt of the product by the customer in order to be eligible for a refund.

Signature: _____

Date: _____

By signing the RMA form, I agree to the terms and conditions set forth on this form.