



RETURNED MATERIAL AUTHORIZATION FORM

ALL RETURNS ARE SUBJECT TO BOTH THE AFAXYS INC. RETURNS POLICY AND TERMS/CONDITIONS OF SALE – A SEPARATE RMA FORM MUST BE COMPLETED FOR EACH PRODUCT REQUESTED FOR RETURN

Section 1: To be completed by customer making return request

| | |
|--|-------------|
| Current Date | |
| Company Name and Address | |
| Contact Name | |
| Phone Number / email | |
| Authorized Distributor of Record | |
| Product Name | |
| NDC Number | |
| Lot Number(s) | |
| Quantity by Lot Number | |
| Reason for Return | |
| Copy of purchase invoice must be included with request | |
| Invoice Included | Yes No |

Section 2: Afaxys Disposition (To be completed by Afaxys)

| | |
|-----------------------------|----------------------|
| Date of Disposition | |
| Disposition | Approved Denied |
| Afaxys Authorized Signature | |

Section 3: Destruction Documentation

Customer must supply documentation that authorized returns were destroyed.

| | |
|------------------------|-------------|
| Documentation Provided | Yes No |
| Comments | |

Section 4: Credit Authorization

If credit process information is different from the company information above, please provide that here:

| | |
|--------------------------|--|
| Company Name and Address | |
| Afaxys Authorization | |
| Date Credit Issued | |
| Check Number | |