	Return Merchandise Authorization		
	Issued by: OS	Date: 05-01-09	Revision: A

RETURN MERCHANDISE AUTHORIZATION (RMA) FORM

To return an item to Portable Medical Devices, LLC, for repair/replacement, just follow the instructions below and we will do the rest. You can fill out and submit the RMA form and send via US Mail or email to support@co2mmander.com.

Portable Medical Devices, LLC, offers a One Year Warranty on our CO2mmander® Device.

To return an item, follow the instructions below:


1. A Return Merchandise Authorization number is required. Please allow us 24 hours from receipt to issue your RMA number.
2. Pack the item(s) securely. All returned products should be in the condition they were received in, in the original manufacturer's packaging.
3. Include a copy of this form as well as a copy of your original receipt.
4. Insure the package when shipping. Please note that shipping charges CANNOT be refunded.
5. Refunds for any returned items which were eligible for free shipping will be deducted by the amount of the free shipping from the original order.
6. Ship the item(s) and this ENTIRE FORM to **PMDA, LLC 136-B Pondella Rd. N. Ft. Myers, FL 33903 USA**

If you have any questions or problems with your order, or if the product received was defective or damaged, please contact our Customer Service Department. We will make every effort to resolve the problem as soon as possible.

Customer Service can be reached at sales@co2mmander.com or by phone at 239.731.6200

RETURN FORM

Name:		
Company Name		
Address:		
City:	State/Prov:	Zip/Post Code:
Phone:	Email:	Order ID #:
Purchased from:	Date of Purchase:	Product Serial Number:
Reason for Return:		
<input type="checkbox"/> Damaged	<input type="checkbox"/> Incorrect item shipped	
<input type="checkbox"/> Defective	<input type="checkbox"/> Other (please explain) _____	
<input type="checkbox"/> Damaged in shipping	_____	
Was the item used? <input type="checkbox"/> Yes <input type="checkbox"/> No For how long: _____ (required for exchange or repair)		
Would you like to: (Please select one)		Portable Medical Devices Approval by _____
<input type="checkbox"/> Exchange	<input type="checkbox"/> Return for (please select one)	
	<input type="checkbox"/> Credit	
	<input type="checkbox"/> Refund	
	<input type="checkbox"/> Repair	
RMA NUMBER:		

	Return Merchandise Authorization		
	Issued by: OS	Date: 05-01-09	Revision: A

PREPARE YOUR RETURN MERCHANDISE:

1. Provide Quantity, Serial Number, Invoice Number, and Invoice Date.
2. **Provide a clear and specific description of the problems.**
3. Mail using the address below or e-mail form to support@co2mmander.com
4. Incorrect Invoice #, no invoice #, or poor problem description will result in delays in issuing an RMA number.
5. For technical assistance call: **239-731-6200**
6. Once an RMA number is issued to you, use the below address label with the **RMA number filled in**, clip it out and attach it to your box.

Inspect your Return

All products must contain the original packing materials. The original box, manual, file disks, disks and all accessories, must be included with shipment. No products will be returned for a refund or replacement unless in re-sellable condition. 15% restocking fee applies to all returns for unwanted merchandise.

Request RMA Number

A Return Authorization Number is mandatory for all returns. All returns without a valid RMA number will be refused by the Portable Medical Devices, LLC receiving department. RMA numbers expire after 14 days and will not be valid if received after the 14th day.

Ship and Insure your Portable Medical Devices, LLC Product Return

All products returned to Portable Medical Devices, LLC must be delivered by a reputable and insured carrier. Portable Medical Devices, LLC waives all responsibility to shipments received damaged by a carrier. It is within the purchaser's best interest to insure the products being shipped for their full value. Portable Medical Devices, LLC does not contribute to costs of shipping product returns. The items must be packaged properly. All items must be in anti-static bags with proper packaging material similar to original packaging. Any items not in anti-static bags will automatically void the warranty. Any damaged items (regardless of severity) will void the warranty.

Product that does not Qualify for Return for Repair/Replacement

It is up to the discretion of Portable Medical Devices, LLC RMA Department to refuse a returned product for physical damage, improper packaging, fraud or any other reason. You will be notified if your product is rejected for any reason.

Reasons for rejecting Returned Product:

- Products that are improperly packaged.
- Products shipped without original packaging.
- Products shipped without accessories.
- Products with serial number tampered with or removed.
- Products that have switched serial numbers or serial numbers not matching the Portable Medical Devices, LLC invoice.
- Loose, Damaged or removed screws or fasteners.
- Products that are not warranted by Portable Medical Devices, LLC
- Neglected or abused products


Terms of a Product Returned to Portable Medical Devices, LLC for repair/replacement under warranty:

- Product must be within the warranty period beginning on the original invoice date.
- A replacement may be issued, or you may receive a new device.
- All non-defective, **approved** returns will be charged a 15% restocking fee.
- Portable Medical Devices, LLC reserves the right to deny RMA claims for fraud.

Signature Required: *This information must be signed and returned with your RMA. I have read and accept the above conditions of this return.*

X _____

Customer Signature Date

	Return Merchandise Authorization		
	Issued by: OS	Date: 05-01-09	Revision: A

Printed Name

Clip and attach to the front of your box:

**Portable Medical Devices, LLC
Attention: RMA Department
136-B Pondella Rd
N. Ft. Myers FL 33903**

RMA# _____