

RETURN MERCHANDISE AUTHORIZATION FORM

In order to return defective products, this form must be completely filled out with the RMA number issued by your Regional Sales Manager. Please send a printed copy of this RMA form in with your returned product to the following address: **Personal Safety Corporation**, 1655 Progress Drive, Hiawatha, Iowa 52233. Please call **800.373.2873** and press "0" to obtain your RMA number.

CUSTOMER INFORMATION

NAME: _____ RMA NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

DATE OF PURCHASE: _____ PURCHASED FROM: _____

PRODUCT INFORMATION

PRODUCT CODE/DESCRIPTION: _____

REASON FOR RETURN:

Return Policy: PSC will issue a refund for the invoice value of unopened, unused products in resalable condition with original packaging and instructions that are returned within 30 days of ordering the product.

Any returned opened products will receive a refund for the invoice value of the product less a 25% restocking fee. Please note we cannot accept returns of used products that have come in contact with patients, residents or other users due to infection control regulations.

Customer is responsible for paying shipping cost for all returns to:

Personal Safety Corporation, 1655 Progress Drive, Hiawatha, Iowa 52233

Please call **800.373.3307** and press "0" to obtain full information on a product return. *Thank you.*



Please see our complete line of Secure[®] fall/wandering prevention & patient safety products
at www.SecureSafetySolutions.com

Highest Quality...Lowest Prices...Guaranteed!

Personal Safety Corporation • Hiawatha, Iowa 52233 • 800.373.2873