



Product Return Authorization Request Form

Instructions

1. Download form to your desktop, right click on the downloaded PDF file in the bottom-left corner, and choose show in folder. Double click file to open.
2. Complete and submit form by clicking on the correct button below
3. Wait for an email from the returns team with RA #
4. Write RA # on the outside of the box
5. Ship your return to the correct address

*Required Field

Forms submitted without required fields will be returned to sender.

Date:

Company Name:

Account #:

*Contact Name:

*Contact Phone Number:

Reason for Return

- | | | |
|---------------------------|---------------------------|---------------------|
| 1. Patient Rejected | 6. Sizing Chart Incorrect | 9. Warranty |
| 2. Patient Cancelled | 7. Substituted Item | 10. Other (explain) |
| 3. Ordered Wrong | 8. Defective: | |
| 4. CSR/Shipping Error | 8a. Out of box | |
| 5. Multiple Sizes Ordered | 8b. Premature Wear | |
| | 8c. Product Failure | |

Policy

Item returned:

Shoes

Stock

Non-Stock

Return requested within:

60 days of invoice

60 days of invoice

varies by supplier

*Order #

PO Number

*Product Number

*Qty

*Reason

Explanation or Warranty/Serial #

Return product(s) to SPS within 15 Days of receiving RA #

Submit RA Request

SHOES ONLY

SPS Returns
6530 Corporate Ct STE 100
Dock Door 4
Alpharetta, GA 30005
rashoes@spsco.com

ALL OTHER ITEMS

SPS Returns
6530 Corporate Ct STE 100
Dock Door 4
Alpharetta, GA 30005
spsra@spsco.com

Optional for SPS Customers - record the below information on a local copy of form. Information not required by SPS.

Return Auth # _____

FedEx Tracking # _____