Customer Name: _____
Customer Address: _____
Telephone: _____
E-mail: _____

ASPEN CANADA PHARMACARE INC. RETURN FORM

RGA #:_____
(Issued by Aspen Customer Service rep)

Return Credit Code: _____
Shaded Areas to be completed by Aspen

Product Code	Product Description	Quantity	Lot Number	Expiry	Reason for Return	Price	Disposition

Please ship the approved return pre-paid to:

Lynden International Logistics Co. 45 Quarterman Road, Unit #3 Guelph, ON, N1C 0A8

I have reviewed the details of this return and acknowledge that all product, quantity, expiry and lot information has been entered accurately. I understand that reimbursement will not be provided for product that does not comply with Aspen's return policy and accept to bear all shipping charges associated to this return.

NAME / NOM: _____ **DATE:** _____ **Credit Approved (Aspen rep): Signature** _____ **Date:** _____

PLEASE NOTE: YOU WILL NOT BE REIMBURSED FOR A PRODUCT WHICH DOES NOT CONFORM TO ASPEN'S RETURN GOODS POLICY.
ASPEN WILL NOT BE HELD LIABLE OR RESPONSIBLE FOR ANY PRODUCTS NOT PHYSICALLY RECEIVED. NO NOTIFICATION WILL BE PROVIDED FOR SUCH PRODUCTS UPON RECEIPT OR PRIOR TO PROCESSING. THESE PRODUCTS WILL NOT BE RETURNED TO YOU. APPLICABLE CHARGES WILL BE INVOICED TO YOU FOR THE HANDLING AND DESTRUCTION OF THESE PRODUCTS. ALL MONETARY VALUES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTIFICATION. THE MANUFACTURER RESERVES THE RIGHT TO REFUSE CREDIT. THIS FORM IS NOT TO BE USED FOR NARCOTICS AND CONTROLLED DRUGS (NCD). SUBJECT TO CURRENT AUTHORIZATION PROCEDURES UNDER FEDERAL REGULATIONS, NCDS REQUIRE PRIOR AUTHORIZATION.