

PRODUCT RETURN FORM

(Form Must be Included With the Return)

ALL RETURNS ARE SUBJECT TO BOTH THE MERCK & CO., INC. TERMS AND CONDITIONS PHARMACEUTICAL PRODUCTS AND THE MERCK & CO., INC. TERMS AND CONDITIONS OF SALE VACCINE PRODUCTS

Section 1: Primary Information for Customer Making the Return

Date of Return: _____

Contact Person: _____

Phone: _____

Fax: _____

Email: _____

* DEA# (Optional)

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Number of Boxes/Cartons Used to Ship This Return: _____

HIN # (Optional) _____

Section 2: Direct Customers Only (Product was purchased directly from Merck & Co. Inc.) (If you DID NOT purchase your product directly from Merck & Co., Inc., please proceed to Section 3)

Merck Account #: _____

PO# / Debit Memo #: _____

Enter Your Account Name and Address

Name	
Address	
City, State, Zip	

(When finished with section 2, proceed to section 4 below)

Section 3: Indirect Customers Only (Product was purchased from a Distributor or Wholesaler)

HIN #: _____

PO# / Debit Memo #: _____

Enter Your Business Name and Address

Name	
Address	
City, State, Zip	

Mail Reimbursement to: *(if different from Business Address Shown Above)*

Address	
City, State, Zip	

Enter Name and Address of the Distributor/Wholesaler from which you purchased the product:

Name	
Address	
City, State, Zip	

Section 4: Mailing Instructions

REQUIRED: Include an itemized Packing List containing the Product Name, Lot or Control Number, and Quantity of each product being returned.

SEND PACKING LIST AND RETURN PRODUCT TO:

For Direct Mailers and Parcel Post Delivery:

PharmaReturns, Inc. Processing Center
P.O. Box 1077
Montgomeryville, PA 18936-1077

For Package And Pallet Shipments:

PharmaReturns, Inc. Processing Center
100 Corporate Drive, Suite 2
Montgomeryville, PA 18936-9644

THIS PRODUCT IS NOT FOR RESALE

* By filling out and submitting this form to PharmaReturns, Inc., Customer authorizes PharmaReturns, Inc. and Merck & Co., Inc. to release the DEA registration number provided above as necessary to process product returns. Failure to supply this information or another identification number could lead to delay in processing.

You may contact the Order Management Center with your questions, Monday through Friday, 8AM - 6PM EST, excluding holidays.

Phone: 1 800-637-2579 (800 MERCKRX)

Fax: 1-215-631-5995