Banyan International Corporation
2118 E. Interstate 20
Abilene, TX 79601
e-mail: customerservice@statkit.com
fax: 1.325.677.1372
phone: 1.800.351.4530

PRESCRIPTION DRUG RETURN AUTHORIZATION

Please complete this form in its <u>entirety</u>. Include the original with your return of pharmaceuticals to Banyan. Please keep a copy for your records.

Banyan Item Number	Product Description	No. of Units Returned	NDC Number	Lot Number	Expiration Date

- I certify that the product(s) being returned is (are) the exact products that were acquired from Banyan on Order # _____ on _____, 20_____.
- I certify that the product(s) being returned has/have been properly handled and stored in accordance with label directions from the time they were delivered to this facility/professional office until the time the products were returned to the custody of Banyan International.

☐ I am returning the entire order ☐ I am returning only the items listed above (or on an attached list)

Authorized Signature _____ Date _____

Print Name _____ Title _____

Please sign this form and include the original with your return. Unsolicited returns will not be accepted by Banyan after August 31, 2007. If you have any questions regarding this form, please contact Banyan at 800.351.4530.

<u>RETURN ADDRESS:</u>

Banyan International
ATTN: Customer Returns Department
2118 E. Interstate 20
Abilene, TX 79601
(325) 677-1874

Banyan Account No.: _____ **Customer Name:** _____

Customer Phone No.: _____ **Customer Fax No.:** _____

Customer E-mail: _____