

Returned goods policy/Ongoing assurance form

For returned goods authorization, please call SPD Customer Service at 866.476.1340.

Credit reference no. _____ CSR _____

(Credit reference number is good for 30 days)

Account no. _____

Invoice no. _____ Item no. _____

Cardinal Health Returned Goods Authorization Ongoing Assurance form

The undersigned customer ("Customer") of Cardinal Health ("Distributor") hereby agrees that this document is being delivered to confirm Customer's compliance with applicable federal, state and local laws/guidelines concerning returned goods and shall apply to all returns by Customer to Distributor from time to time and shall supersede any inconsistent provisions which may be contained in any credit request, purchase order or other documents pertaining to the supply relationship between Customer and Distributor.

1. Customer represents, warrants, and guarantees to Distributor that: (a.) each such return shall be made only to the specific Distributor facility from which the item was originally purchased; (b.) each such return shall be accompanied by Distributor credit request form (the "Return Form"), which shall specify both Customer's and Distributor's name and address, the state of the return, the quantity and description of the product returned, and such other information as may reasonably be requested on Distributor Return Form; (c.) Customer shall retain a copy of each Return Form and related credit memo and make such documentation available to the manufacturer and to authorized federal, state, and local law enforcement officers upon request; (d.) the credit claimed or accepted by Customer for any such return shall not exceed the original purchase price paid to Distributor; and (e.) all merchandise returned to Distributor has been stored, handled, and shipped by Customer in accordance with all applicable federal, state and local laws, manufacturer guidelines and good trade practices, and such merchandise has not been adulterated or misbranded within the meaning of the Federal Food, Drug and Cosmetic Act and meets all FDA, state and other applicable requirements and guidelines.
2. Customer shall indemnify and defend Distributor against and from any expense, claim, liability or penalty (including reasonable legal fees) arising from any failure of Customer to properly comply with the provisions specified in this document.

Customer's name (print) _____

Authorized signature _____

Title _____ Date _____

Please sign and return with product or fax back to: 888.345.4916.