



Seqirus Return Goods Authorization Form

RGA #:
Please reference RGA number on shipping label and include this form with your return.

Account Information (to be filled out by Seqirus Customer Service if applicable)			
Sold-To #:		Contract Name:	
Payer:		Division:	

Customer Information (Address of location returning Seqirus product)			
Name of Customer Contract:			
Store or Dist. Name/#:		Street:	
City:	State:	Zip:	Phone:

Wholesaler / Distributor Information (Only if applicable)			
Enter the company name, street address, state, city, and zip code of the Wholesale/Distributor that delivered the original products.			
Name:		Street:	
City:	State:	Zip:	
Third Party Return Processor?	<input type="checkbox"/> Yes	(if Yes) Third Party Processor Name:	

Returns Goods Authorization Identification Information	
Debit Memo #:	Estimated Date of Return:

Returns Product Information				
Product Name	NDC	Quantity (/Doses)	Batch #	Expiration Date

Mail Returned Product To:	Seqirus at FedEx Supply Chain 6101 N. 64th Street Milwaukee, WI 53218
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All Returns are subject to customer's contract or the Seqirus terms and conditions.
 The Returning Party will pay transportation charges. Seqirus shall not pay or give reimbursement for transportation, service, handling, or processing fees.

For any returns questions please contact our Customer Service Center.
 Monday through Friday 9AM – 8PM EST, excluding holidays.
 Phone: 855-358-8966 / Fax: 908-219-6258
 Email: customerservice.us@seqirus.com



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