

Direct Customers



**This form must be completed and submitted for each return by customer account.
 An accurate DEA#, HIN, or other identifier for the customer seeking reimbursement for returned product
 must be included*
 Failure to supply this information could lead to no credit being issued.**

All Returns are subject to the Merck Sharp & Dohme Corp. Terms and Conditions of Sale

All fields must be completed except where otherwise noted

Direct Customer
 (Customer who Purchased Product from Merck)
All fields must be completed

Merck Account Number: _____ Account Name: _____

Address of location returning Merck Product:

City: _____ State: _____ Zip: _____ Phone: _____

Identifier # for location returning Merck Product:

*DEA# _____ HIN _____

DEA # Name _____ Other Identifier # _____

Debit Memo/ PO # _____ (optional)

The DEA number, HIN, or Other Identifier number must be for the customer who purchased Merck product from Merck.

Mail Returned Product to:	Merck c/o PharmaReturns, Inc. Processing Center P.O. Box 1077 100 Corporate Dr., Suite 2 Montgomeryville, PA 18936-9644
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This form must be included with the product

The Returning Party will pay transportation charges. Merck Sharp & Dohme Corp. shall not pay or give reimbursement for transportation, service, handling or processing fees.

THIS PRODUCT IS NOT FOR RESALE

*By filling out and submitting this form to Merck, c/o PharmaReturns, Inc., Customer authorizes PharmaReturns, Inc. and Merck to release the DEA registration number provided above as necessary to process product returns

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

Phone: 1800-637-2579 (800-MERCKRX)