



# 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)

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  
100 Corporate Dr., Suite 2  
Montgomeryville, PA 18936-9644**

**This form must be included with the product**

The Returning Party will pay transportation charges. Merck 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 and agrees that this use of the DEA registration number provided above is compliant with applicable state law.

You may contact the Order Management Center with your questions, Monday through Friday, 8 AM – 6 PM ET, excluding holidays.  
Phone: 800-637-2579 (800-MERCKRX)