



## Contact Information

---

Company (providing inventory)

Pick-up Address

City

State

Zip Code

Contact Person

Phone

E-mail

Fax

## Product Information

---

Product Details (if a piece count or shipping list is available, please note)

Quantity: Pieces: \_\_\_\_\_ Pallets: \_\_\_\_\_ Cartons: \_\_\_\_\_ Weight: \_\_\_\_\_  
(approx)

NDC# (if applicable)

Product Description

Expiration Date

OTC or RX

Ready for pickup on: \_\_\_\_\_  
(if there is a time of day that is preferred, please note)

Do you need a receipt for tax purposes?  Yes  No

Distribution preference:  Domestic (U.S.)  International  Either

Please email scanned form to [info@rekind.com](mailto:info@rekind.com) or fax it to (405) 789-5030.

We will be in touch to make the necessary arrangements concerning shipping. We appreciate the opportunity to work with you and your company to help distribute excess, sample, slightly irregular, or short-dated inventories to those in need through our network of nonprofits.

Thank you.

**reKind**