



Returns/ Exchange Authorization form

COMPANY NAME: _____

CONTACT NAME: _____

DATE OF ORDER PLACEMENT: _____

REASON (S) FOR RETURNS/EXCHANGE: _____

QUANTITY FOR RETURN: _____

MERCHANDISE MODEL NUMBER (S): _____

MERCHANDISE DESCRIPTION: _____

RETURNED VENDOR: _____

----- FOR AUTHORIZATION ONLY -----

DATE OF SHIPMENT _____

SHIPPING TRACKING NUMBER: _____

CREDIT ISSUANCE NUMBER: _____

OTHER: _____

