



Customer Return Authorization Form

Request received by _____ Received on _____

Customer Details

Name _____
Address _____ Phone _____ Fax _____
City _____ Email _____
State _____ Zip _____

Product Details

Item #	QTY	Date	Reason for Return	Sales Order #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

For internal use only

RA # _____ Restocking fee _____ Credit amount _____
Issued by _____ Return rec'd on _____ Credit issued by _____
Issued on _____ Return rec'd by _____ Credit issued on _____
Replacement sent _____