



RETURN AUTHORIZATION FORM

| | |
|------------------------|--|
| Customer Name: | |
| Order number: | |
| Order Date: | |
| Invoice Number: | |
| Return to: | |
| Return Date: | |

| ITEM DESCRIPTION | QUANTITY ORDERED | REASON OF RETURNING | UNIT COUNT | UNIT PRICE | TOTAL |
|------------------|------------------|---------------------|------------|------------|-------|
| | | | | | |

| | | |
|--------------|-----------------------|---------------------------------------|
| Date: | Customer Sign: | Receiver's name and signature: |
| | | |