



RETURN MERCHANDISE AUTHORIZATION FORM			
INVOICE #	STOCK #	REASON CODE #	EXCHANGE / RETURN
		<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3	<input type="checkbox"/> EXCHANGE <input type="checkbox"/> RETURN
		<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3	<input type="checkbox"/> EXCHANGE <input type="checkbox"/> RETURN
		<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3	<input type="checkbox"/> EXCHANGE <input type="checkbox"/> RETURN
		<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3	<input type="checkbox"/> EXCHANGE <input type="checkbox"/> RETURN
		<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3	<input type="checkbox"/> EXCHANGE <input type="checkbox"/> RETURN

**RETURN REASON CODES:**

#1: Incorrect merchandise received

#2: Damaged/Defective merchandise

#3: Not satisfied with merchandise

**APPROVED BY:**

**CUSTOMER'S SIGNATURE:**

\_\_\_\_\_  
NAME:

\_\_\_\_\_  
NAME:

DATE:

DATE: