



CM#	_____	
VC	YES ___	NO ___
Vendor #	_____	

PRODUCT RETURN AUTHORIZATION

Customer Name: _____ Account No: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Customer Signature: _____ Date: _____

PRODUCT RETURNED

Original Invoice No: _____ B/L #: _____ Invoice Date: _____

<i>Qty to Pick Up</i>	<i>Product No.</i>	<i>Product Name</i>	<i>Quantity</i>	<i>Whse Initial</i>

Reason For Return: _____

Action to be taken (after items(s) returned and inspected):

- | | |
|--|---|
| <input type="checkbox"/> Issue Full Credit | <input type="checkbox"/> Customer pays Return Freight |
| <input type="checkbox"/> Issue Credit Minus Restocking Fee | <input type="checkbox"/> Company pays Return Freight |
| <input type="checkbox"/> Issue Refund | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Issue Refund Minus Restocking Fee | _____ |

Warehouse Mgr: _____ Date: _____