

RETURN AUTHORIZATION REQUEST FORM

Use this form to submit your return request.

A customer service representative will respond to your request within 24 hours.

Please do NOT ship your return until you have received approval to do so.

* Denotes required fields

Your Information

Name *	<input type="text"/>
Order No. *	<input type="text"/>
Order Date *	<input type="text"/> mm/dd/yyyy
Receipt Date *	<input type="text"/> mm/dd/yyyy
E-mail Address *	<input type="text"/>
Phone	<input type="text"/> xxx-xxx-xxxx

Return Items

	Item Name *	Price*	Qty*
Item 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Item 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Item 3	<input type="text"/>	<input type="text"/>	<input type="text"/>

Reason for Return *

TO SUBMIT THIS FORM TO MLFURS.COM YOU MAY EITHER FAX OR EMAIL IT TO:

FAX: 303-322-3243

EMAIL: info@mlfurs.com