

Return Authorization Request Form

Original Invoice Number: _____

Date Item Received by you: _____

Original Invoice Date: _____

Return Authorization Number: _____

Buyer information:

Name : _____ Last Name : _____

Address:

City: _____ State/Province: _____ Zip : _____

Email Address: _____

Phone Number: _____

Recipient and ship to information (if different than buyer information above):

Same Recipient: _____

Same Address: _____

Name : _____ Last Name : _____

Address:

City: _____ State/Province: _____ Zip : _____

Email Address: _____

Phone Number: _____

Please select the following reasons for your return:

Physical Defect (provide details below)

: _____

Damaged (provide details below)

: _____

Ordered Wrong Item - (provide details below)

: _____

Received Wrong Item- (provide details below)

: _____

Others- (provide details below)

: _____

Reason for Return (Please be detailed):
