

# RETURNED GOODS FORM

PLEASE READ THE RETURN POLICY BEFORE  
COMPLETELY FILLING OUT THIS FORM



RA# \_\_\_\_\_

ITEMS WILL NOT BE ACCEPTED WITHOUT  
RETURN AUTHORIZATION NUMBER  
CALL 866-437-9327 TO OBTAIN ONE

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Shipping address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Company \_\_\_\_\_ Employee # \_\_\_\_\_

Item code	Color	Size	Qty	Credit	Exchange for

Ship all returns to:  
Hudson Workwear  
6910 Miller Rd  
Brecksville, Oh 44141

I have read and understand  
the return policy

X \_\_\_\_\_