



CONAL International Trading Inc.
 Te: (626)363-9588 Fax:(626)363-9236
 17559 Rowland St. City of Industry, CA 91748

DATE: _____

RETURN FORM

RMA number is required for any product return or exchange. If product is considered as manufacture defective, please email us a proof of defect (i.e. photos) along with this form. We will contact you within 48 hours. Thank you.

CUSTOMER ID: _____

INVOICE NUMBER: _____

COMPANY NAME: _____

CONTACT NAME: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

QTY	SKU	COLOR	SIZE	REASON FOR RETURN	PRICE	TOTAL AMOUNT

NOTE:

TOTAL

OFFICIAL USE:

AUTHORIZER: _____

RTN AUTHORIZATION #: _____

APPROVAL SIGNATURE: _____

DATE: _____