

# Merchandise Return Authorization Form

Store Name

Date

RMA Number

Customer Name

Customer Contact (Phone/Email)

Original Receipt / Order Number

Item(s) to be Returned

Item Code / SKU	Description	Quantity	Reason for Return
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Condition of Returned Merchandise

Additional Notes

Customer Signature

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Store Representative Signature

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*Please ensure all fields are completed. Merchandise returns are subject to store policy.*