

Retail Return Authorization Form

Customer Information

Customer Name

Phone Number

Email Address

Address

Purchase Details

Order Number

Purchase Date

Store Location

Item(s) to Return

Product Name	SKU / Item #	Quantity	Reason for Return
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Select"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Select"/>

Additional Comments

Customer Signature

Date