

Merchandise Return Authorization Agreement

RMA Number: _____

Date Issued: _____

Customer Information

Name: _____

Company: _____

Address: _____

Phone: _____

Email: _____

Return Details

Item #	Description	Quantity	Reason for Return	Condition

Return Instructions

1. All returns must include this completed authorization form.
2. Products must be in original packaging unless otherwise approved.
3. Items must be returned within _____ days from the issue date.
4. Authorized returns only. Unauthorized returns may be refused.
5. Customer is responsible for shipping costs unless otherwise stated.

Company Approval

Approved By: _____

Date: _____

Customer Signature

Date: _____

Company Representative

Date: _____