

# Return Authorization Document

## 1. Document Information

Return Authorization Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Store Name/Location: \_\_\_\_\_

## 2. Customer Information

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## 3. Product Details

Product Name	SKU/Item Number	Quantity	Purchase Date
_____	_____	_____	_____

## 4. Reason for Return

- Defective/Damaged Item
- Incorrect Item Shipped
- Unwanted/No Longer Needed
- Other: \_\_\_\_\_

## 5. Return Method

- In-Store Return
- Mail Return

## 6. Approval Status

Status: ☐ Approved ☐ Denied

Authorized By: \_\_\_\_\_

Date: \_\_\_\_\_

## 7. Additional Notes

\_\_\_\_\_  
\_\_\_\_\_

## Signatures

Customer: \_\_\_\_\_

Date: \_\_\_\_\_

**Staff:** \_\_\_\_\_

**Date:** \_\_\_\_\_