

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: _____