

# Damaged Goods Return Authorization Form

## Retail Store Details

Store Name

Store ID / Number

Store Address

Contact Person

Phone Number

Date

## Product Information

Item Description	SKU / UPC	Quantity	Date Received	Damage Type	Comments
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					

## Additional Notes

## Authorization

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Store Representative Signature / Date

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Company Authorization Signature / Date