

# Defective Merchandise Return Authorization

**Store Name:** \_\_\_\_\_

**Store Address:** \_\_\_\_\_

**RA Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

## Returned Merchandise Details

Item/SKU	Description	Qty	Reason for Return	Condition	Comments

**Authorized By:** \_\_\_\_\_ Signature \_\_\_\_\_

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

**Received By (Warehouse):** \_\_\_\_\_ Signature \_\_\_\_\_

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