

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: _____