

Exchange Merchandise Return Authorization Form

Store Name

Date

RMA/Authorization #

Customer Information

Name

Phone

Email

Address

Item(s) to Be Returned

Item # / SKU	Description	Quantity	Reason for Return	Original Purchase Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Requested Exchange Item(s)

Item # / SKU	Description	Quantity
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Comments

Customer Signature:

Date:

Authorized By (Store):

Date: