Warranty Claim Return Authorization

Retail Store Name: _____

Date: _____

Document #: _____

Customer Information

Customer Name: _____

Phone: _____

Email: _____

Address: _____

Product Details

Item #	Product Name/Description	Model/SKU	Serial #	Date of Purchase

Claim Details

Reason for Return / Issue Description:

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Received By (Staff): _____

Date Received: _____

Authorization

Approved By (Manager): _____

Date: _____