

Goods Return Authorization Form

RGA Number

Date

Customer Name

Address

Contact Person

Phone

Items to be Returned

No	Item Description	Item Code/SKU	Quantity	Reason for Return
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Comments

Customer Signature

Print Name

Authorized By

Print Name