

# Return Merchandise Authorization Request Form

Company Name

Contact Person

Phone Number

Email Address

Address

Order Number

Purchase Date

Items to be Returned

Item SKU/ID	Description	Quantity	Reason for Return
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Select"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Select"/>

Additional Comments