

OFFICE USE ONLY

RA#: _____ **DATE:** _____ **SHEET:** _____ **OF** _____

Customer # _____

FORM FILLED OUT BY: _____

Customer Name _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Contact _____

ITEM #	DESCRIPTION	U/M	QTY	INVOICE #	INVOICE DATE	INVOICE PRICE	STOCK OR DEFECTIVE

OFFICE USE ONLY

Reason for Return

Return Processed By:

Date: _____

Order# or Invoice#: _____