



## Return Authorization Form

	<b>R.A. #</b>	
	Date	
	Department	

	<b>SOLD TO:</b>		<b>RETURNED TO:</b>
Name:		Name:	
Address:		Address:	
Phone/Fax:		Phone/Fax:	

Our Invoice #	Your P.O. #	Our Invoice Date	Date Returned Goods Received	OTHER	Terms

Quantity Ordered	Item #	Description	Number Returned	Unit Price	Total

<input checked="" type="checkbox"/>	<b>Reason for Return:</b>		
<input type="checkbox"/>	Overstock	<b>COMMENTS:</b>	<b>CREDIT ISSUED FOR</b>  <hr style="width: 50%; margin: 0 auto;"/>  <b>NO CREDIT WILL BE ISSUED</b> <small>(circle if applicable)</small>
<input type="checkbox"/>	Order was cancelled		
<input type="checkbox"/>	Order duplicated		
<input type="checkbox"/>	Arrived too late		
<input type="checkbox"/>	Damaged		
<input type="checkbox"/>	Error on invoice		
<input type="checkbox"/>	Wrong Item		
<input type="checkbox"/>	Other:		
		Subtotal	
		Sales Tax	
		Restocking Fee	
		Other	
		<b>TOTAL \$</b>	

<b>Date:</b>	<b>Authorized By:</b>
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