



Return Authorization Form

				R.A.#			
				Date			
				Department			
Name:	SOLD TO:			Name:	RETURNED TO:		
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"/>	Reason for Return:				Subtotal		
	<ul style="list-style-type: none"> <input type="checkbox"/> Overstock <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: 	COMMENTS:		CREDIT ISSUED FOR <hr style="width: 50%; margin: 5px auto;"/> NO CREDIT WILL BE ISSUED (circle if applicable)		Sales Tax Restocking Fee Other TOTAL	
Date:				Authorized By:			