Sample Return Authorization Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  |  | Date: |  |
|  |  |  |  |  |
| Company: |  |  | Phone: |  |
| Address: |  |  | Fax: |  |
| City, State, Zip: |  |  |  |  |

STOCK MERCHANDISE is eligible for return WITHIN 60 DAYS from date of invoice. Any returns over 60 days are subject to refusal (must be in resale condition). All returns will be subject to a 20% restocking fee and will be credited less freight (except for in warranty repairs or items shipped in error by <Company Name>). Orders drop shipped from <Company Name>’s manufacturers or other non-stock items will be subject to vendor restocking fees in addition to <Enter any additional charges>. Custom products or special orders may not be eligible for return. In all cases an RA# (return authorization) must be obtained by completing and signing this form and faxing it to <Company Name> in the Customer Service Department BEFORE returning items for any reason. **Merchandise returned without prior authorization will be refused.**

#### I would like to return the following items for (Check One) \_\_\_Credit \_\_\_Exchange \_\_\_Repair

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| QTY |  | ITEM# |  | DESCRIPTION |  | REASON |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

\*\*\*DEFECTIVE ITEMS MUST BE ACCOMPANIED BY A DETAILED EXPLANATION OF THE PROBLEM OR THE DEFECT TO EXPEDITE REPAIRS. OTHERWISE RESTOCKING FEES MAY BE INCURRED\*\*\*

When returning merchandise, please repackage the items securely and completely in a shipping carton. Please remember some items consist of several pieces or parts. Always return the entire item. Missing parts, manuals, or boxes will either be deducted from the credit or billed for their replacement costs. All returned items, regardless of the reason must be in new/resale condition. In the event <Company Name> deems the item(s) not in new condition, the item(s) will either be returned to the customer with no credit issued. Or the customer will be responsible for any charges incurred by <Company Name> to refurbish or repackage the items in addition to any applicable restocking fees.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CONTACT |  |  | SIGNATURE |  |

### Please fax this form to <Company Name>

<Company Name> values your business and support. Thank you for helping us streamline our return process.

**FOR INTERNAL USE ONLY:**

RA#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credit\_\_\_\_\_ Exchange\_\_\_\_\_ Repair\_\_\_\_\_

Restocking Fee: No\_\_\_\_\_\_ Yes\_\_\_\_\_\_ Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_