

[Company Name]
[Street Address]
[City, State, Zip]

Date: _____

CUSTOMER INFORMATION

RETURN DETAILS

Reason for Return: _____

SKU / Item #	Description (Style, Color, Size)	Qty Returned	Unit Price	Restocking Fee	Total Credit
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Tax Adjustment: \$ _____

Notes: Credits will be applied to the original payment method or account balance as per company policy.

Authorized Signature: _____ Date: _____