



RETURN MERCHANDIZE AUTHORIZATION FORM

SENDER'S INFORMATION		RETURN ADDRESS (IF DIFFERENT FROM SENDER ADDRESS)	
Company Name:		Company Name:	
Sender's Name:		Recipient's Name:	
Sender's EMail:		Recipient's EMail:	
Address:		Address:	
Country:		Country:	
Telephone No.:		Telephone No.:	
Fax No.:		Fax No.:	

Tax Invoice No:	Date of Purchase:
Quantity purchased:	Quantity returned:

[illegible]

FOR OFFICE USE ONLY

	CSR / VSR Verification:
	Manager / President Approval:
	Warehouse Acknowledgement: