

Customer Request for Product Return

(Please submit 1 request per invoice.)

Date: _____

Customer Name: _____

Customer Number: _____

Contact Name: _____

Phone: _____

Sales Executive: _____

Return Reason:

- Customer Changed Mind
- Received Defective Item(s)
- Item(s) Damaged During Shipping
- Lost Item(s) Found - Replacement Sent
- Received Wrong Item(s)
- Received Incorrect Quantity
- Other (Explanation Required Below)

No Term Client: Apply Credit to Original CC No. Last 4 digits: _____ Exp: _____

Net 30 Client: Apply to Original Invoice _____

Invoice No.	Item No.	Quantity per Item	Price based on Eaches	Sub-Total Adjustment

*Did you initially pay tax on the invoiced goods? **Yes** **No**

*Total adjusted amount to be determined after all applicable charges have been assessed.

Brief Explanation: