

PRODUCT RETURN FORM

Direct Sales Division

Return No:	
Date:	

SALES REPRESENTATIVE INFORMATION

Rep Name:	
Rep ID:	
Territory/Region:	

CUSTOMER INFORMATION

Customer Name:	
Account No:	
Contact Phone:	

ORIGINAL TRANSACTION REFERENCE

Invoice Number:		Purchase Date:	
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RETURNED ITEMS DETAILS

ITEM / SKU	DESCRIPTION	QTY RETURN	UNIT PRICE	TOTAL VALUE	REASON CODE *
Total Return Value:					

* Reason Codes: A = Damaged in Transit | B = Defective Product | C = Incorrect Item Shipped | D = Customer Cancelled Order | E = Overstock Return

RETURN CONDITION & SPECIAL INSTRUCTIONS

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CUSTOMER SIGNATURE

Date:

SALES REPRESENTATIVE

Date:

AUTHORIZED APPROVAL

Date: