

# OUTSOURCED VENDOR RETURN REQUEST

Third-Party Sales Return Authorization Form

Return Request Date: \_\_\_\_\_  
Request ID: \_\_\_\_\_  
Original Order ID: \_\_\_\_\_  
Vendor Name: \_\_\_\_\_  
Vendor Account ID: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

## CUSTOMER & ORIGINAL SALE INFORMATION

Customer Name: \_\_\_\_\_  
Delivery Address: \_\_\_\_\_  
Contact Email/Phone: \_\_\_\_\_

## RETURNED ITEMS DETAILS

Item / SKU	Description	Qty	Reason for Return	Disposition Action Requested

## RETURN SHIPPING & LOGISTICS

Return Carrier: \_\_\_\_\_  
Tracking Number: \_\_\_\_\_  
Shipping Paid By: \_\_\_\_\_  
Estimated Arrival Date: \_\_\_\_\_

## SPECIAL INSTRUCTIONS / VENDOR ACTION REQUIRED

Prepared By (Sales/Support Representative) \_\_\_\_\_  
Date: \_\_\_\_\_

**Authorized By (Vendor Representative Approval)**

Date: \_\_\_\_\_