WHOLESALE RETURN REQUEST

RMA NUMBER:
DATE ISSUED:

CUSTOMER INFORMATION

Company Name:

Account Number:

Contact Name:

Phone:

Email:

ORDER INFORMATION

Original Invoice #:

Invoice Date:

Purchase Order #:

Return Request Date:

Requested By:

SKU / Item #	Item Description	Qty Ordered	Qty Returned	Reason Code	Unit Price	Total Credit

Reason Codes

A - Damaged in Transit
B - Defective Merchandise
C - Incorrect Item Shipped
D - Duplicate Shipment
E - Overstock Return
F - Short Shipment
G - Customer Cancelled
H - Other (Specify below)

Submission Instructions

1. Complete all sections of this form.
2. Submit this form to your Account Manager or directly to the returns department.

3. Upon approval, an RMA number will be issued. Do not ship goods back without an authorized RMA number.
4. All returned merchandise must be in original packaging and in resalable condition, unless defective.

Customer Authorized Representative

_____

Signature Date

Internal Warehouse / Manager Approval

_____

Signature Date