

# MERCHANDISE RETURN AUTHORIZATION

Partner Return Template

RMA Number:

Authorization Date:

Authorized By:

Expiration Date:

## PARTNER INFORMATION

Partner Name:

Partner ID:

Contact Person:

Phone Number:

Email Address:

Return Shipping Address:

## ORIGINAL ORDER DETAILS

Original Order #:

Original Invoice #:

Purchase Date:

Return Reason Code:

## RETURN ITEM DETAILS

#	Item Number / SKU	Item Description	Qty	Unit Price	Total
1					
2					
3					
4					
5					

## INSTRUCTIONS & POLICY GUIDELINES

1. Clearly write the authorized RMA Number on the outside of all shipping boxes.
2. Enclose a printed and completed copy of this Return Authorization Form inside the shipping package.
3. All returned merchandise must be in its original packaging, unused, and in resalable condition.
4. Returns must be shipped via a trackable carrier. Shipping costs are the responsibility of the sending partner unless otherwise agreed.
5. This Return Authorization is only valid until the expiration date indicated above.

**Partner Authorized Signature:**

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**Date:**

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**Receiving Authorization Signature:**

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**Date:**

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