CONSIGNMENT PRODUCT RETURN FORM

Return Date:

Agreement Number:

Original Delivery Date:

Return Reference ID:

CONSIGNOR (SENDER)

Company Name:

Contact Person:

Address:

Phone/Email:

CONSIGNEE (RECEIVER)

Company Name:

Contact Person:

Address:

Phone/Email:

RETURNED ITEMS

Item / SKU	Description	Qty Delivered	Qty Sold	Qty Returned	Reason for Return / Condition

NOTES / REMARKS

Authorized Consignor Signature

Date: _____

Authorized Consignee Signature

Date: _____