

PRODUCT RETURN FORM

Independent Consultant Direct Sales

CONSULTANT INFORMATION

Consultant Name:

Consultant ID:

Email:

Phone:

CUSTOMER INFORMATION

Customer Name:

Order Number:

Order Date:

Phone:

RETURNED ITEMS

SKU / Item #	Product Description	Qty	Price Each	Reason Code	Action Requested

Return Reason Codes:

- A - Damaged / Defective
- B - Wrong Item Received
- C - Not as Pictured
- D - Unsatisfied with Quality
- E - Changed Mind
- F - Allergic Reaction
- G - Incorrect Size
- H - Other (Specify in notes)

REPLACEMENT / EXCHANGE DETAILS

New SKU / Item #	Replacement Product Description	Qty	Price Difference (if any)

NOTES / COMMENTS

Customer Signature

Date:

Consultant Signature

Date:
