

CUSTOMER REFUND REQUEST

Retail Sales Return Document

CUSTOMER NAME

DATE OF REQUEST

PHONE NUMBER

EMAIL ADDRESS

ORIGINAL RECEIPT/INVOICE #

ORIGINAL PURCHASE DATE

ORIGINAL PAYMENT METHOD

REQUESTED REFUND METHOD

PRODUCT SKU / ID	ITEM DESCRIPTION	QTY	UNIT PRICE	TOTAL PRICE
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REASON FOR RETURN

ITEM CONDITION

UNOPENED OPENED / UNUSED DEFECTIVE / DAMAGED

CUSTOMER SIGNATURE

AUTHORIZED STORE ASSOCIATE / MANAGER SIGNATURE

DATE PROCESSED	RECEIPT / RETURN #	SKU / ITEM CODE	QTY	REFUND VALUE	ACTION TAKEN	STAFF ID	VERIFIED (Y/N)
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