

Merchandise Return and Price Adjustment Request

CUSTOMER NAME:

ACCOUNT NUMBER:

CONTACT PERSON:

PHONE / EMAIL:

REQUEST DATE:

REQUEST NUMBER:

ORIGINAL INVOICE NO:

ORIGINAL PURCHASE  
DATE:

**TYPE OF REQUEST:**

Return for Refund

Return for Exchange

Price Adjustment / Allowance Request

ITEM #	DESCRIPTION OF MERCHANDISE	QTY	UNIT PRICE	ADJUSTED PRICE / CREDIT VALUE	REASON CODE	TOTAL

Subtotal	
Taxes	
<b>Total Credit Requested</b>	

**REASON CODES REFERENCE**

- CR-01: Damaged / Defective Merchandise
- CR-02: Incorrect Item Received
- CR-03: Shortage / Missing Quantity
- CR-04: Price Difference / Overcharged
- CR-05: Duplicate Billing
- CR-06: Customer Dissatisfaction / Approved Return

CUSTOMER / REQUESTED BY SIGNATURE

DATE:

AUTHORIZED APPROVAL SIGNATURE

DATE:

