INTRASTATE PRODUCT RETURN FORM

Within-State Transactions Only

Seller Name:

Seller Address:

State Tax ID / Permit:

Return Date:

Original Invoice No:

Original Invoice Date:

BUYER INFORMATION (WITHIN-STATE)

Buyer Name:

Street Address:

City, State, Zip:

Phone / Email:

RETURNED ITEMS

Item / SKU	Description	Qty	Unit Price	Local Tax	Total

REASON FOR RETURN

- ☐ Defective / Damaged
- ☐ Incorrect Item Shipped
- ☐ Unsatisfactory Quality
- ☐ Buyer Remorse
- ☐ Cancelled Order
- ☐ Other

Detailed Explanation (if applicable):

REFUND METHOD

☐ Original Payment Method
☐ Store Credit
☐ Exchange / Replacement

Customer Signature

Date:

Authorized Representative Signature

Date:
