CONSIGNED MERCHANDISE RETURN REQUEST FORM

CONSIGNEE INFORMATION

Company/Name:

Account No:

Contact Person:

Phone/Email:

RETURN DETAILS

Request Date:

Return Auth #:

Original Delivery #:

Shipment Method:

ITEM / SKU	DESCRIPTION	QTY CONSIGNED	QTY RETURNING	UNIT PRICE	REASON CODE / CONDITION

ADDITIONAL NOTES / COMMENTS

Consignee Authorized Signature

Date:

Consignor Acceptance Signature

Date: