

RETURN FORM

CUSTOMER INFORMATION

Customer Name:

Address:

Phone:

Email:

RETURN TRANSACTION DETAILS

Return Date:

Original Invoice #:

Original Date:

Refund Method:

Item #	Description	Qty	Unit Price	Total

Subtotal	
Restocking Fee (if applicable)	
Tax Refunded	
Total Refunded Amount	

Customer Signature

Date:

Authorized Signature (Sole Proprietor)

Date:

