

STORE MERCHANDISE RETURN & EXCHANGE AUTHORIZATION

RMA / Authorization Number: _____

DATE OF REQUEST

STORE LOCATION / NUMBER

ASSOCIATED CLERK ID

CUSTOMER INFORMATION

FULL NAME

PHONE NUMBER

EMAIL ADDRESS

ORIGINAL RECEIPT / INVOICE #

ITEM(S) FOR RETURN / EXCHANGE

SKU / Item #	Description	Qty	Unit Price	Action (Return / Exchange)

REASON FOR RETURN / EXCHANGE

- Defective / Damaged
- Wrong Size / Color
- Not as Pictured / Described
- Buyer's Remorse
- Other (Specify below)

AUTHORIZATION & REFUND METHOD

- Original Payment Method (Credit/Debit/Cash)
- Store Credit / Gift Card
- Even Exchange

TOTAL REFUND AMOUNT

RESTOCKING FEE (IF APPLICABLE)

NET REFUND / CREDIT

CUSTOMER SIGNATURE DATE

AUTHORIZED MANAGER SIGNATURE DATE
