

RETURNED GOODS RECORD

RETURNED FROM

Customer # _____
Company _____
Address _____
City _____ State _____ Zip (9 Digit) _____
Telephone # _____ Fax # _____

QUANTITY RETURNED	ITEM NUMBER	DESCRIPTION		DATE
QUANTITY ORDERED	INVOICE NUMBER	ORDER DATE	CUSTOMER NUMBER	TELEPHONE.
PERSON TO CONTACT				

REASON FOR THE RETURN

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<p>CUSTOMER'S REQUEST</p> <p><input type="radio"/> REFUND BY CHECK</p> <p><input type="radio"/> COMPANY CREDIT</p> <p><input type="radio"/> EXCHANGE</p> <p><input type="radio"/> CREDIT CARD CREDIT</p> <p><input type="radio"/> REPAIR</p> <p><input type="radio"/> OTHER _____</p> <p>_____</p> <p>_____</p>	<p>ACTION TO BE TAKEN</p> <p><input type="radio"/> REFUND BY CHECK</p> <p><input type="radio"/> COMPANY CREDIT</p> <p><input type="radio"/> EXCHANGE</p> <p><input type="radio"/> CREDIT CARD CREDIT</p> <p><input type="radio"/> REPAIR</p> <p><input type="radio"/> OTHER _____</p> <p>_____</p> <p>_____</p>
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COMMENTS:

THIS REPORT MUST BE COMPLETE

RECEIVED BY

DATE

APPROVED BY

DATE

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