



## Merchandise Return Form

Date of Return: \_\_\_/\_\_\_/\_\_\_ Date of Purchase \_\_\_/\_\_\_/\_\_\_ Invoice # \_\_\_\_\_

Customer Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Product \_\_\_\_\_ SKU \_\_\_\_\_

Reason for Return:

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Resolution: Exchange Credit Refund No Action

If no action explain why:

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Customer Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Associate Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Manager Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

For office use only. Actions to be taken:

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**1 copy of form to customer, 1 copy stays with product, 1 copy goes to accounting**