



## REQUEST FOR CUSTOMER RETURN

Company Name \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Customer Contact \_\_\_\_\_ Telephone \_\_\_\_\_

Cust Original Invoice # \_\_\_\_\_

Item(s) To Be Returned

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Reason for Return Request

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