



P.O. Box 2942 Lake Havasu City, AZ 86405
Tel: 001(928) 680-8650 Fax: 001(928) 680-8654

Return Request/Authorization

RA Number: _____

Name On Order: _____

Order/Invoice Number: _____

Shipping Address: _____

Contact Telephone Number: _____

Item(s) Being Returned: _____

Reason for Return: _____

OFFICIAL USE ONLY

Date of Receipt _____

Item(s) Match Above Request: Y / N

Condition Received: _____

Restocking Fee Assessed: _____

Amount of Returned Items: _____

Total Refund Given: _____

Date refund Issued: _____

Refund Given Via: _____

Authorized By: _____

Authorization Code: _____

Additional Notes or Comments: _____

Completed By: _____