

Return Authorization Request

***All items marked MUST be filled in to have a timely turn around for your request**

*Manufacturer:	*Date:
*FROM: (Customer):	*Phone #:
*City, State (Branch):	*Fax #:
*Contact Name:	*E-Mail

*Original PO#:	PO Date:
Invoice #:	Invoice Date:
Order #:	

*Qty	*Item Code	*Item Description	*Code # (if applicable)	*Reason for Return:

Please Email Completed Form To: returns@repsouth.com