



Request for Return Authorization

Date:	<input type="text"/>	Customer:	<input type="text"/>
Product:	<input type="text"/>	PO number:	<input type="text"/>
Date rec'd:	<input type="text"/>	Need replacement y/n	<input type="text"/>
Width:	<input type="text"/>	# of Rolls:	<input type="text"/>
Total weight:	<input type="text"/>	# of pallets:	<input type="text"/>
Reason for return:	<input type="text"/>	Spoke with rep. y/n	<input type="text"/>

Additional
Comments

Customer Signature