



Return Authorization Form

STORE NAME	DATE
ADDRESS	PHONE
CONTACT	FAX
NAME OF EMPLOYEE	EMAIL

EACH RETURN ITEM HAS TO HAVE A RA

ITEM #	RA #	SIZE	<input type="checkbox"/> RETURN <input type="checkbox"/> REPAIR W/CHANGES	<input type="checkbox"/> EXCHANGE <input type="checkbox"/> REPAIR
ITEM #	RA #	SIZE	<input type="checkbox"/> RETURN <input type="checkbox"/> REPAIR W/CHANGES	<input type="checkbox"/> EXCHANGE <input type="checkbox"/> REPAIR
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COMMENTS OR CHANGES?	CUSTOMER PHONE
	CUSTOMER EMAIL

CUSTOMER SIGNATURE	MANAGER SIGNATURE
PRINT NAME	PRINT NAME

120 Mesa Street ♦ P.O. Box 2434 ♦ Weatherford, TX 76086
877-lorinda (567-4632) ♦ 817-594-6383 ♦ Fax: 817-598-1536
www.gypsysoule.com
customerservice@gypsysoule.com