

NORTH COUNTIES SUPPLY CO., INC.

RETURN AUTHORIZATION FORM

Company Name: _____ Date Request: _____
Requested By: _____
Direct or Whse Return: _____
Invoice #: _____
Invoice Date: _____

Qty. Returned	Description	Invoiced Price	Extension

Do you need us to reorder?

Yes ___ No ___

Reason for Return:

___ Ordered too much material: _____
___ Customer Changed Mind/Didn't Want: _____
___ Product rec'd does not match delivery ticket: _____
___ Received Product Damaged: _____
___ Other: _____

Office Use Only:

Date Rec'd: _____ Restock? Y/N
Rec'd By: _____ Restock% _____
Approved/Denied By: _____ Credit Back to Stock? _____
RMA# _____ If not, GL Acct: _____
CM Invoice Date: _____