



# RETURN AUTHORIZATION FORM

Number: \_\_\_\_\_

Attention: \_\_\_\_\_

Invoice: \_\_\_\_\_

Customer P.O. #: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province / State: \_\_\_\_\_

Country: \_\_\_\_\_ Postal / Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

QTY	PRODUCT CODE	DESCRIPTION	RESTOCK

### Reason for Return

Sold / Shipped in Error

Other

Ordered in Error / Not Required

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Defective

### Comments / Special Instructions

MUST BE RETURNED FREIGHT PREPAID.

MUST BE IN RESALABLE CONDITION.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Authorized by: \_\_\_\_\_

A COPY OF THIS RETURN AUTHORIZATION MUST BE ON THE OUTSIDE OF THE BOX. ALL RETURNS MUST BE SENT PREPAID IN FREIGHT. COLLECT SHIPMENTS WILL ONLY BE EXCEPTED WITH PREVIOUS AUTHORIZATION. THIS RETURN AUTHORIZATION IS VALID FOR 14 DAYS FROM THE DATE OF ISSUE. \*FAILURE TO COMPLY WILL RESULT IN A REFUSAL OF YOUR RETURN\*

DISTRIBUTION CENTERS  
ACROSS NORTH AMERICA  
Phone: 1-800-667-7328  
Fax: 1-888-667-7328



ULTRA SEAT CORPORATION