

RETURN AUTHORIZATION FORM

Date:	Order #:				
Customer Name:					
Phone #:					
Address:City, State, Zip					
Invoice Number: Order Number:					
Is a copy of Invoice	or Packing List attached?	YesNo			
	accepted without either the Packi ermined to be in reusable conditi		e Number. Credit	will be issued on	ce the
part of an order, ple information is miss	ing returned, place the Invoice Nease list each item separately. Pleing, it will be a longer process.				
Items to be Return Item Number	Title or Description	Color	Quantity	Reason #	
Reason for Return: 1. Duplicate Order 2. Incorrect Item 3. Damaged Item 4. Size Exchange(size you want to exchange) 5. Color Exchange(color you want to exchange) 6. Other - Please explain:					
If you have any que For Office Use Only	stions, please contact Customer S	Service at 336-78	39-3474 or email	us at info@fishhi	ppie.com.
Date retuned:					
Return Authorization	on #:				
Shipping date for E	xchange:				