



RETURN AUTHORIZATION FORM

SAVE FILE AS

EMAIL DOCUMENT

*See bottom of next page for instructions.

STORE OR BUSINESS INFORMATION (for additional stores, please attach additional forms)

Department / Name	
Company Name	
Address	
City/State/Zip	
Contact	
Phone	

PO#	
Return Date	
Invoice #	
Copy of Invoice Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No

ITEMS TO BE RETURNED

SKU/Ref #	Piece Count	Box Count	Description	Reason #

REASONS FOR RETURN: PLEASE LIST THE REASON NUMBER IN THE BOX ABOVE.

- 1. Pulling error by Breyting Community Roaster™
- 2. Pulling error by Distributor
- 3. Billing error
- 4. Duplicate order
- 5. Samples
- 6. Customer Service error
- 7. Purchasing error
- 8. Shorted by Breyting Community Roaster™
- 9. Shorted by Distributor
- 10. Account Representative error
- 11. Customer did not order
- 12. Customer ordered wrong
- 13. Defective/Damaged
- 14. Merchandise destroyed

ADDRESS & PICK UP INFORMATION

Company Name	
Address	
City/State/Zip	
Contact	
Phone	
Email	
Best Pick Up Time	
Customer Signature (If faxed)	
Picked Up By	

Please explain damages and/or defects in detail:

This is an interactive PDF Form. You will need [Adobe Acrobat Reader](#) to take full advantage of its capabilities. You can download a free copy at <http://get.adobe.com/reader/>. To use this form (1) open in Adobe Acrobat Reader, (2) fill in the document, (3) click the "SAVE FILE AS" button to save to your computer, and (4) click the "EMAIL DOCUMENT" button to email to Breyting Community Roster™.