[Company name]

How to use this document: delete this paragraph before saving, sharing, or circulating it. Every part shown in blue is yours to replace: type your own details over each blue [field] until no blue remains. Add or remove table rows to fit your needs. Then select all (Ctrl+A) and set the font colour to the same dark colour throughout. What is left is your finished document.

Customer Return Authorisation Form

Do not return any item until this form has been authorised. Include a copy of the authorised form inside the parcel, and write the authorisation number on the outside of the parcel.

Authorisation details

Authorisation number	[Return authorisation number]
Date authorised	[Date this return was authorised]
Authorised by	[Full name and job title of the person who authorised this return]
Return deadline	[Last date for the return to arrive]

Customer and order details

Customer name	[Customer full name]
Customer address	[Customer postal address]
Customer email address	[Customer email address]
Customer telephone number	[Customer telephone number]
Order number	[Order number]
Purchase date	[Date of purchase]

Items to return

List one item per row. Add rows for further items.

Product name	Product code	Quantity	Reason code	Condition of item

[Company name]

Reason codes

Write the code from this list in the reason column above.

Code	Reason
DEF	Defective or faulty
DAM	Damaged in transit
WRG	Wrong item sent
QLT	Quality not as described
CHG	Customer changed their mind
OTH	Other reason, described in the notes below

Customer notes

Please describe the problem or the reason for return in your own words:

_____

_____

_____

Return instructions

1. Pack each item securely, using the original packaging where possible.
2. Include a copy of this authorised form inside the parcel.
3. Write the authorisation number, [Return authorisation number], on the outside of the parcel.
4. Send the parcel to [Return delivery address] by [Return delivery method].
5. Keep proof of posting until your return has been confirmed as received.

For internal use: receipt and inspection

Date received	[Date the returned items were received]
Received by	[Full name and job title of the person who received the return]
Condition on receipt	[Condition of the items on receipt]
Items match this form	[Whether the items received match this form]

Disposition decision

Tick one box per item group in the table below, then complete the authorisation signatures.

Item or group	Refund	Replacement	Repair	Store credit

[Company name]

[Product name or group]				
[Product name or group]				
[Product name or group]				

Signatures

Authorised by (signature)	[Full name and job title of the person who authorised this return]
Date	[Date this return was authorised]
Customer signature	[Customer full name]
Date signed by customer	[Date the customer signed this form]