

RETURN AUTHORIZATION FORM



CONTACT INFO

Today's Date: _____ Alco Invoice #: _____
 Company Name: _____ Invoice Date: _____
 Address: _____ P.O. #: _____
 City, State, Zip: _____ Phone #: _____
 Requested by: _____ Fax #: _____

ITEMS

Quantity	Unit	Product I.D.	Description

REASON

Wrong Item Ordered Wrong Item Received
 Other _____

ACTION

Return for Credit Refund

There will be a 20% restocking fee for all returns. Items MUST be in their original packaging with no markings or labels. All Returns are subject to approval. Please Sign & Fax back. Do not return product until you receive an R.A. number. Alco will not accept anything without an R.A. number. Returns must be with in 90 days of purchase date.

Customer Signature: _____ Date: _____

Step 2

Alco to fill R.A. number and fax back to customer

R.A.#: _____ Approved By: _____ Date: _____

Step 3

Please send the product back with this form when Step 2 is completed by Alco.

Product Inspected By: _____ Date: _____

Received & Counted By: _____ Date: _____

*** YOU MUST HAVE AN R.A. NUMBER BEFORE ITEM IS RETURNED**

Step 1: Customer to fill out & fax to get R.A. number.