



10250 NW 89th AVENUE BAY 2 MEDLEY, FL 33178  
 PH: 305-722-1940 FAX: 305-722-1944

**RETURN AUTHORIZATION REQUEST FORM**

DATE:

**R/A #**

CUSTOMER NO. #:				SALES REP. #:					
INVOICE #:				INVOICE DATE:					
CONTACT NAME:				FAX #:					
COMPANY NAME:				TELEPHONE #:					
ADDRESS:									
CITY/STATE:				ZIP CODE:					
QUANTITY	STYLE NO.	COLOR	XS	S	M	L	RE/WHOSALE PRICE	DISC PRICE	TOTAL
<b>TOTAL PIECES</b>				<b>GRAND TOTAL</b>				<b>\$</b>	

REASON FOR RETURN: \_\_\_\_\_

RETURN CODE: \_\_\_\_\_

RETURNING COMPLETE INVOICE AMOUNT: YES \_\_\_ NO \_\_\_

CUST TERMS: \_\_\_\_\_

Instructions:

1. Send completed Request Form to Pezzi International by Fax (305) 722-1944 or email us at pezzisales@aol.com.
2. Upon approval, the Return Authorization form with an RA number will be faxed or mailed to you.
3. Enclose the RA form inside package and write in the outside of the box the RA number.
4. After the merchandise has been received a credit memo will be mailed to you.

**\*\*Request for returns must be made within 30 days of invoice date. \*\***

For office use only:	Invoice Status _____	Control # _____
Approved by:	Discount given _____	Order completion date _____