

Request Return Merchandise Authorization

Commandolutionsinc.com

Fax to: 972-473-2016

Customer Name _____ Today's Date _____

Contact Name _____

Phone _____ Fax _____

Address _____ Email _____

City _____ State _____ ZIP _____

Ship to Address _____

City _____ State _____ ZIP _____

Reason for Return:

Has product been opened (check Y/N) Yes _____ No _____

<u>Purchase Date</u>	<u>Description & Part Number</u>	<u>Quantity</u>	<u>Invoice #</u>	<u>Price</u>
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_____	_____	_____	_____	_____
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Gross Total _____

Tax _____

Amount Due _____

Office Use:

Processed by: _____

* One return merchandise authorization per request form

Shipping instructions will follow.