Return Authorisation Form

XYZDENTAL

DATE _____

Account Name _____

Invoice # _____

Contact Person _____

Item Description _____

Product SKU _____

Batch Number _____

Quantity Returning _____

Reason for return:

- ☐ Incorrect Product
- ☐ Incorrect Quantity
- ☐ Incorrect Order
- ☐ Faulty/Damaged Product
- ☐ Change of mind
- ☐ Others (please specify): _____

IMPORTANT: Please note that a 20% restocking fee will be charged once the goods are received.

Office Use:

Approved/rejected _____

Date: _____

Authorised by: _____

Comments: _____

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