

## Appendix 3-8

### MANUFACTURER PRODUCT RETURN FORM

Manufacturer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Authorization No.: \_\_\_\_\_

Description of Items Returned:

Brand name \_\_\_\_\_ Size \_\_\_\_\_ Style \_\_\_\_\_

Quantity \_\_\_\_\_ Price \_\_\_\_\_

Reason for return \_\_\_\_\_

\_\_\_\_\_

Store Name: \_\_\_\_\_

Store Address \_\_\_\_\_

Street

City

Province

Postal Code

Telephone (\_\_\_\_) \_\_\_\_\_

Package requirements \_\_\_\_\_

\_\_\_\_\_

Supervisor Signature