

Return/Exchange Form

Name: _____ Date: _____
 Address: _____
 E-mail Add.: _____ Contact no. : _____

Items being returned:		Inv. no _____	Date: _____
Category	Item Codes	Quantity	Price
TOTAL			

Exchanged for:		Inv. no _____	Date: _____
Category	Item Codes	Quantity	Price
TOTAL			

Reason for Changing:

Important Information

Return/Exchange of items is only allowed once, other complaints are still subject to further investigation considering the company's rules and regulation in sales transactions.

 Name of Signature of Sales Staff
 Approved by:

 Name of Signature of Customer

 DATE