



P.O. BOX 1019 | WARETOWN, NJ 08758  
 609-693-0094 | FAX 609-693-6911

### MERCHANDISE RETURN FORM

<b>Store Name:</b>				
Quantity	Item #	Description	Price	Total
Reason for Return:				
Quantity	Item #	Description	Price	Total
Reason for Return:				
Quantity	Item #	Description	Price	Total
Reason for Return:				
Quantity	Item #	Description	Price	Total
Reason for Return:				
Quantity	Item #	Description	Price	Total
Reason for Return:				

Invoice Number: \_\_\_\_\_

Store Associate's Signature: \_\_\_\_\_

Driver Signature: \_\_\_\_\_

Warehouse Receiver Signature: \_\_\_\_\_

Date of Return: \_\_\_\_\_ Date Credit Issued: \_\_\_\_\_ Credit Memo #: \_\_\_\_\_