Return Form

Zero-Cast

CUSTOMER INFORMATION: [Please PRINT Clearly]

Purchase Order #: _____   **Order Date:** _____

Customer Name: _____

Telephone No: _____

Address: _____

_____

_____

Email: _____

Please list contents and quantity below:

Qty	Product Code	Description	Reasons Code*

* Reason for Return Codes:
  1. Wrong item/quantity received
  2. Product defective
  3. Damaged in shipping
  4. Product different from catalog
  5. Customer not satisfied
  6. Other (Please indicate)

Comments:

_____

_____

_____

_____

Please repackage your shipment in its originally packaging and properly seal the package for shipment

---

Official Use Only

Returned Authorization Numer: _____

Returned Address: _____

_____

Representative: _____   Date: _____