

RETURN REQUEST FORM

Date:

Merchants Wholesale

11501 Otter Creek South Rd.

Mabelvale, AR 72103

501-228-6236 Phone

www.merchants-wholesale.com

Customer/Store Name:

Your Merchants Customer #:

Address:

City: _____

1. Form must be filled out **COMPLETELY** to ensure proper credit. **PLEASE PRINT CLEARLY.**
2. Use appropriate return code for merchandise to be returned.
3. **Customer and Driver must sign and date both copies.**
4. Driver takes the original with returned merchandise. Customer retains yellow copy.
5. Credit invoice will be issued in date order as soon as possible. No deductions should be made until credit invoice is received.

Return Codes:

A. Shipping Error (Must include original Invoice # and description of product ordered vs. received) Original Invoice # _____

B. Order Error (Ordered but did not need) C. Damaged D. Out Of Date E. Other (Explain): _____

[illegible]

Customer's Signature

Driver's Signature and Date Picked Up