Fashion Scrubs By Miami Uniforms

(305)255-3402 Fax: (305)234-0332
Email: FashionScrubs@aol.com
Website: www.FASHIONSCRUBS.com

CUSTOMER RETURN AUTHORIZATION (RA)REQUEST FORM

Date ___ /___/____ **CUSTOMER ID#** _____ Company Name: _____

Mailing Address: _____ City, State, Zip _____

Telephone #1 (____) _____ Contact: _____

Please list the items, Colors, and reason along with the Invoice # from which the items are from:

STYLE	COLOR/PRINT	INVOICE #	XS	S	M	L	XL	2XL	3XL	TOTAL PIECES	REASON
								TLPieces			

HOW WOULD YOU LIKE RA# SENT? *Please Circle One*: **Phone** **Fax** **Email** **Mail**

If an RA# is issued, How would you like the credit issued? Please Check One:

_____ Credit Memo (To be used against a future Order or against an open Invoice)

_____ Immediate Exchange (Please accompany this with Order)

_____ Credit to Creditcard in which items were purchased on

Attn: Customer:

If a RA# is issued, Our Customer Service Department will contact you with this information. Your RA# will be faxed or mailed to you. If Miami Uniforms is at fault for items being returned (i.e. Defected item, wrong color or size). Miami Uniforms will issue a return label. This label will be mailed or faxed to you, along with the RA form. This label (which includes your RA#) must be affixed to the outside of the box and the RA form enclosed in the box.

If you are returning items through your own courier service and expense, the RA # MUST BE WRITTEN IN BLACK MARKER ON THE OUTSIDE OF THE BOX and the RA form enclosed in the box.

Any box arriving to our facility that does not include the RA# on the outside of the box, will be refused.

*****Please don't forget to insure your returns. Miami Uniforms will not be responsible for your courier losing or damaging items*****

OFFICE USE:

REQUESTED BY:_____ **PROCESSED BY:** _____

WAS RETURN GRANTED _____ **RETURN #** _____ **COMMENTS:**