

# CUSTOMER RETURN REPORT

**FROM:**

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**SHIP TO:**


REPORT DATE
REPORT NUMBER
DATE RTN. RECEIVED
TIME RECEIVED
FILED BY

ITEM	QUANTITY ORDERED	DESCRIPTION	UNIT COUNT	UNIT PRICE	TOTAL AMOUNT

**OFFICE ADMINISTRATION SECTION**

DATE SHIPPED	SALES
CUSTOMER ORDER NUMBER	COMMISSION PAID
OUR ORDER NUMBER	CREDIT ISSUE DATE

**SPECIAL NOTES:**

	DATE	SIGNATURE
	CREDIT TO ISSUE TO CUSTOMER __ YES __ NO EXPLAIN BELOW	