



Return Authorization Request Form

SMARTEX APPAREL, INC.

Date: _____

Customer: _____

Ship To: Shipping Department
Smartex Apparel Inc.
5455 E La Palma Avenue #A
Anaheim, CA 92807

Date of Order: _____

Questions? Call us: (714)771-2149 Email us: support@smartexapparel.com

Shipping Method	Purchase Order Number	Invoice Number

STYLE #	COLOR	SIZE	QTY

REASON FOR RETURN/EXCHANGE (CIRCLE ONE):

- 1. INCORRECT QUANTITY RECEIVED
- 2. INCORRECT STYLE RECEIVED
- 3. INCORRECT COLOR RECEIVED
- 4. DAMAGED ITEMS
- 5. INCORRECT ITEM ORDERED
- 6. INCORRECT QUANTITY ORDERED
- 7. OTHER:

returns are subject to a 10% restocking fee and/or shipping fees

ADDITIONAL NOTES/COMMENTS

For Office Use Only

CUSTOMER WOULD LIKE (CIRCLE ONE):

- 1. TO EXCHANGE ITEMS (PICK# _____)
- 2. CREDIT APPLIED
- 3. A DISCOUNT
- 4. OTHER:

If there are additional items, an email or RA from the customer please attach a copy to this paper.

Authorized by _____

Date _____