



**AF Supply Corporation**  
Quality Warehouse | Returns Department  
1000 South Second Street, Harrison, NJ 07029

## CUSTOMER RETURN FORM



**EMAIL FORM TO:** returns@afsupply.com  
**OR FAX FORM TO:** (973) 582-6968  
**QUESTIONS? CALL:** (800) 956-4525

**DATE:** \_\_\_\_\_

**FROM:** \_\_\_\_\_

**ACCOUNT EXECUTIVE:** \_\_\_\_\_

PLEASE USE ONE FORM PER EACH ORIGINAL ORDER.

### A ACCOUNT INFORMATION

1 **CONTACT NAME:** \_\_\_\_\_

2 **ACCOUNT NAME:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

3 **TELEPHONE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

4 **ORDER NUMBER:** \_\_\_\_\_

**SHIP DATE:** \_\_\_\_\_

### B TYPE OF REQUEST

1 **REASON FOR RETURN:**

☐ MANUFACTURER ERROR

☐ SALES ERROR

☐ WAREHOUSE ERROR

☐ CUSTOMER CANCELLED

2 **PLEASE TYPE DETAILED DESCRIPTION OF RETURN/DAMAGES/ERROR:**

3 **SCHEDULED FOR:**

☐ PICK UP

☐ REDELIVERY

**ORDER NUMBER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

### C PURCHASE INFORMATION

ITEM CODE	DESCRIPTION	INVOICED QTY	QTY TO ADJUST	INVOICED PRICED	PRICE ADJUSTMENT
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____

### D PICK-UP INFORMATION

**NAME:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_

**ADDRESS 1:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**ADDRESS 2:** \_\_\_\_\_

**CITY/ST/ZIP:** \_\_\_\_\_