**PRODUCT RETURN FORM**

DATE: _____

PO#_____

CREDIT AMOUNT: _____

INVOICE# _____

VENDOR ID: _____

RA# _____

VENDOR NAME: _____

_____

_____

| PART # | VENDOR# | NOMENCLATURE | QTY | UNIT $ |
|--------|---------|--------------|-----|--------|
|        |         |              |     |        |
|        |         |              |     |        |
|        |         |              |     |        |
|        |         |              |     |        |

RETURN FOR CREDIT          RESTOCKING FEE _____ %          RETURN FOR EXCHANGE*

REASON FOR RETURN OF GOODS: _____

_____

*IF EXCHANGED:
EXPECTED DATE GOODS WILL ARRIVE BACK AT ATAP: _____

PLEASE FORWARD A COPY OF THIS FORM TO ACCOUNTS PAYABLE. IF RETURNING FOR EXCHANGE, FORWARD AN ADDITIONAL COPY TO SHIPPING.

RETURN AUTHORIZED BY (VENDOR REPRESENTATIVE): _____

VENDOR PICKUP SIGNATURE: _____ DATE: _____

## PLEASE FILL OUT AS COMPLETELY AS POSSIBLE

FORM COMPLETED BY: _____