Return Authorization Form Date: Company: **Premier Uniform Supply** PDF Imagewear **FatMikes** Vendor Name: _____ Account Number: ____ Return Shipping Address:_____ Vendor Order # Vendor Invoice # Our PO# _____ Our Invoice # _____ Project Name: _____ RA #_____ Close Project? Yes No Date:_____ Quantity Style Number Description Price Total: Shipping Info: Carrier: ______ Date of Pick Up: _____ Tracking Number(s):_____ Follow Up Date: _____ Credit Applied? Yes No Amount: _____ Notes: