

RETURN AUTHORIZATION FORM



6340 Artesia Blvd.
Buena Park, CA 90620
Phone: 714-523-1000
Fax: 714-523-2100
www.alcousa.com

CONTACT INFO

Date: _____ Requested by: _____ Alco Invoice #: _____
 Company Name: _____ Invoice Date: _____
 Address: _____ P.O.: _____
 City, State, Zip: _____ Phone: _____

ITEMS

Quantity	Unit	Product I.D.	Description

REASON

Wrong Item Ordered Wrong Item Received
 Other _____

ACTION Return for Credit Refund

There will be a 20% restocking fee for all returns. All returns are subject to approval. Please Sign & Fax back. Do not return product until you receive an R.A. number. Alco will not accept anything without an R.A. number. Returns must be within 60 days of purchase date.

Please put a check mark on the following questions:

Original packaging: Yes No • Damages or markings: Yes No • Other Labels: Yes No

Customer Signature: _____ Date: _____

We are giving you R.A. number. It does not mean that we will accept the product back. All products will be subject to inspections when product(s) are returned. R.A.#: _____

Product Ship Via: Drop by Customer UPS A-Trucking Common Carrier

Receiving @ Alco: Please check product(s) and put a check mark on the following questions:

Original packaging: Yes No • Damages or markings: Yes No • Other Labels: Yes No

Received, Inspected and Counted By: _____ Date: _____

Inspection @ Alco: Please inspect product(s) and put a check mark on the following questions:

Original packaging: Yes No • Damages or markings: Yes No • Other Labels: Yes No

Re-Inspected and Re-Counted By: _____ Date: _____

* Customer Must Have an R.A. Number Before Item Is Returned

F:\Alco - Forms & Letterhead\RA Form - Fill-In.pdf

Customer to fill out & fax to get R.A. number.

Step 1

Step 2

Step 3