



# RETURN AUTHORIZATION FORM

THE RETURNING PRODUCT WILL BE DELIVERED TO  
VALLEY VIEW TRANSPORT WAREHOUSE AND FROM THERE  
TAKEN TO ITS REQUESTED RETURN LOCATION.  
PLEASE ATTACH A COPY TO EACH ORDER BEING RETURNED

CUSTOMER TO FILL INFORMATION BELOW THIS LINE

COMPANY NAME: \_\_\_\_\_ STATE: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_

## PRODUCT INFORMATION

DESCRIPTION OF ITEM	QTY	REASON FOR RETURN
PO# _____		

## RETURNING TO

VENDOR NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_

VVT TO FILL INFORMATION BELOW THIS LINE

DRIVER NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

RECEIVING VENDOR SIGNATURE

RETURNING DRIVER SIGNATURE

\_\_\_\_\_

DATE RETURNED: \_\_\_\_\_