



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: _____
ADDRESS: _____
PHONE: _____

VVT TO FILL INFORMATION BELOW THIS LINE - AT PLACE OF PICKUP

DRIVER NAME: _____ DATE: _____

VVT TO FILL INFORMATION BELOW THIS LINE - WHEN RETURNING TO BUILDER

VENDOR/SHOP SIGNATURE

DATE RETURNED

RETURN DRIVER NAME: _____