



RETURN MERCHANDISE AUTHORIZATION FORM

RETURN AUTHORIZATION NUMBER:

PICK UP:

RETURN ADDRESS:

NRS
4035 S PIPKIN RD
LAKELAND, FL 33811

813-756-6009

Dealer:

| ORIGINAL NRS INV# | ORIGINAL NRS SO# | ORIGINAL SHIP DATE | CARRIER / TRACKING # | CHECK ONE |
|-------------------------------------|------------------|--------------------|----------------------|--|
| | | | | <input type="checkbox"/> Vendor <input type="checkbox"/> Shipping |
| QTY | ITEM # | LIST PRICE | AMOUNT | |
| | | | \$ - | |
| | | | \$ - | |
| | | | \$ - | |
| | | | \$ - | |
| | | | \$ - | |
| SURCHARGE RETURNED | | | | |
| 20% Re-stock charge (if applicable) | | | SUBTOTAL | \$ - |
| | | | RESTOCK CHARGE | \$ - |
| | | | FREIGHT | \$ - |
| | | | TOTAL CREDIT | \$ - |

NOTES: Credit will be applied to account after product is received and inspected in Lakeland.

Receiving

Date Received in Lakeland _____

REASON FOR RETURN

REQUESTED BY:

DATE: