BYRRD ENTERPRISES

RA#

Date:

RETURN AUTHORIZATION FORM: RETURNS MUST SHOW THE BYRRD AUTHORIZED RA#.

Name:	**7-Digit:**
Contact:	**Email:**

TITLE:	QTY	CRC or UPC	REASON	COST	SELL	EXT COST	EXT SELL
TOTALS:							

RETURN TO:
Please provide RA# with returned merchandise.
BYRRD ENTERPRISES, INC. **123 CASTLE DRIVE, Suite C** **MADISON, ALABAMA 35758**

Byrrd Enterprises, Inc. Distribution Office Only:	
Date Received:	
Date Processed:	