



ADVANCE
Office & Janitorial Supplies

3261 South Highland Drive, Suite 603 ♦ Las Vegas, Nevada 89109 ♦ Phone: (702) 735-0213 Fax: (702) 735-0147

CUSTOMER RETURN REQUEST FORM

Customer: _____

Address: _____

Phone/Fax: _____

Contact Name: _____

ADVANCE Rep: _____

Date: _____

Original Inv. #: _____

Original Inv. Date: _____

Original PO #: _____

Reason(s) for Return: _____

Other - Notes: _____

Wrong Fill - Item actually received was: _____

No.	Quantity Returned	Part Number	Item Description	Unit Price	Return Authorization #
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____

RETURN POLICY:

All items must be returned in their original boxes.
All items must be in re-sellable condition.
All items must be called in prior to us picking up the merchandise.
All items must be returned within 30 days of original purchase to avoid any restocking charges.
Items may be subject to a restocking charge at any time.
Items may not be approved for return in over 30 days from purchase.
Credit memos will be issued within 30 working days after item is picked up.
Freight charges may be applicable.
Liquid Chemicals are NOT returnable at any time.

Customer Signature: _____

Advance Representative: _____

Date picked up: _____

Merchandise request return over 30 days? ☐ YES ☒ NO

Restocking Charges due to customer? ☐ YES ☒ NO

CREDIT MEMO ISSUED

Credit Memo # _____ Date _____

Returned to Stock / Vendor

Date returned _____

Initials _____