



# Urban Expressions

## Return Authorization Form

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Invoice Number: \_\_\_\_\_

Invoice date: \_\_\_\_\_

Style Number ( please note color as well) : \_\_\_\_\_

Damage Description/ Reason for return: \_\_\_\_\_

**PLEASE FAX COMPLETED FORMS TO: (310) 909-8717**

**For UE Use Only**

Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

Action: \_\_\_\_\_

RA#: \_\_\_\_\_

Call Tag: \_\_\_\_\_

Credit Memo Number: \_\_\_\_\_

Credit Total: \_\_\_\_\_

Signature: \_\_\_\_\_