



## RETURN MERCHANDISE AUTHORIZATION

### Customer Information:

<u>Company Name:</u>	<u>Contact Person's Name &amp; Title:</u>
<u>Address:</u>	<u>Telephone #:</u>
	<u>Email Address:</u>

### Product Information:

Item #	Description of Product	Tote Tag #/ Case Production Code	# of Cases/Totes Affected	Paris Order #	Date Product Received	Date Issue Discovered

### Reason For Return:

*(Attach additional sheets if necessary)*

<u>Reason for return:</u>
<u>Location of product to be returned:</u>

Paris Foods Approval: \_\_\_\_\_  
*Authorized signature required prior to product pick-up*