

RA#: _____



RETURN AUTHORIZATION FORM

Dear Valued Customer: Please follow the instructions below.

1. Fill out this form completely and **FAX BACK** to CAM: **913-385-3033**
2. CAM will return this form with your RA#.
3. Place a copy of this form in the package with the merchandise being returned.
4. Keep a copy of this form for your records
5. Write the RA# on the outside of your package.
6. If the merchandise is damaged or defective, or if CAM has erred on your order, CAM will issue a call tag to pick it up.
7. If you have made an error in ordering, ship the package to us freight prepaid.

**Note: Depending on the nature of your return, a 10% Restocking Fee may apply.*

Name: _____

Packing Slip Order#: _____ Business Name: _____

E-mail: _____

Pick Up Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: (____) _____ - _____ Fax: (____) _____ - _____

Item# _____ Item Description: _____

Item# _____ Item Description: _____

Item# _____ Item Description: _____

Item# _____ Item Description: _____

• **Reason for Return? Check Reason(s) Below.**

**Note: Merchandise purchased with a gift certificate must be exchanged for merchandise.*

**Customer Required to pay Return Freight unless merchandise is deemed defective or factory error. See "Replacement Order Shipping Charges"*

Client

- Wrong Size Ordered
- Wrong Color Ordered
- Wrong Style Ordered
- Do not like item

Factory

- Wrong Item Rcvd
- Wrong Size Rcvd
- Wrong QTY Rcvd
- Wrong Address
- Wrong Ship Method

Carrier

- Late Delivery
- Damaged
- Package Lost
- Wrong Address

___ Defective- Explain: _____

• **Replacement Order Shipping Charges-** Choose one payment option:

- Bill my CC# _____
- Bill my UPS Acct# _____
- Bill my FedEx Acct# _____

• **Customer Request for Disposition:**

- NO Exchange – issue credit.**
- Exchange for:**

Item# _____ Description _____

Item# _____ Description _____

Item# _____ Description _____

Item# _____ Description _____

• **Replacement Order #:** _____ **Note: Your Replacement Order will be shipped upon receiving returned merchandise.*

Fill this form out completely and **FAX BACK** to CAM: **913.385.3033** Att: Program Dept see instructions above.

CAM Use Only
Date/By _____

RA Issued: _____

Call Tag Issued: _____

Merch Rcvd: _____

Returned to Stock: _____

RA#: _____

Program: _____

Call Tag: Yes ___ No ___

Value of Shipment: \$ _____

When Needed: _____

Replacement Order #: _____

When Needed: _____

RETURN MERCHANDISE TO:

CAM Incorporated
Attn: RA# _____ (your RA#)
9221 Flint
Overland Park, KS 66214

Phone: 913-385-3433