

Office Use  
 RA#: \_\_\_\_\_  
 RA Issue Date \_\_\_\_\_



**RETURN AUTHORIZATION FORM**

Closeouts, Special Orders, Made to Order, or Personalized merchandise CANNOT BE RETURNED unless defective.

**\*\*This RA Expires 30 days after the RA Issue Date above.\*\***

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, you are responsible for the freight for sending the merchandise back to us.

\*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	Factory	Carrier
<input type="checkbox"/> Wrong Size Ordered	<input type="checkbox"/> Wrong Item Rcvd	<input type="checkbox"/> Late Delivery
<input type="checkbox"/> Wrong Color Ordered	<input type="checkbox"/> Wrong Size Rcvd	<input type="checkbox"/> Damaged
<input type="checkbox"/> Wrong Style Ordered	<input type="checkbox"/> Wrong QTY Rcvd	<input type="checkbox"/> Package Lost
<input type="checkbox"/> Do not like item	<input type="checkbox"/> Wrong Address	<input type="checkbox"/> Wrong Address
	<input type="checkbox"/> Wrong Ship Method	

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.

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

Fill this form out completely and FAX BACK to CAM: 913.385.3033