



RETURN AUTHORIZATION FORM

The orders returned will be transferred to ProSend warehouse and will then be taken to designated vendor.

**PLEASE ATTACH A COPY TO EACH ITEM
AND SEND ONE WITH DRIVER**

COMPANY NAME _____ DATE: ___ / ___ / ___

VENDOR	DESCRIPTION OF ITEM / PO#	QTY	REASON FOR RETURN

ProSend RETURN INFORMATION

Pick up info. Driver name: _____ Trailer# _____

Returned to vendor by: Driver name: _____ Date returned: ___ / ___ / ___

Signature: _____