

Product Return Slip

Customer Information

Name

Email

Phone

Address

Order Information

Order Number

Order Date

Product(s) to Return

Product Name	SKU / Code	Quantity	Reason for Return	Comments
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Comments

Date

Signature