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## RETURN AUTHORIZATION REQUEST FORM

PLEASE FILL OUT THIS FORM COMPLETELY. EMAIL US BACK THE COMPLETED FORM FOR RA APPROVAL CONSIDERATION. ONCE YOUR FORM HAS BEEN REVIEWED, WE WILL RESPOND TO YOU VIA EMAIL WITH OUR RA # (IF APPROVED).

IF YOUR RA REQUIRES YOU TO SEND MERCHANDISE BACK, WE WILL PROVIDE A UPS RETURN SHIPPING LABEL. A COMPLETED COPY OF THE INITIAL RA REQUEST FORM MUST BE INCLUDED IF THE MERCHANDISE IS SHIPPED BACK.

DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

INVOICE #: \_\_\_\_\_

INVOICE DATE: \_\_\_\_\_

STYLE #(s): \_\_\_\_\_

UNIT PRICE: \_\_\_\_\_

COLOR(S): \_\_\_\_\_

QUANTITY: \_\_\_\_\_

SIZE(S): \_\_\_\_\_

REPLACE      CREDIT      RETURN (PLEASE CIRCLE ONE)

REASON FOR RETURN REQUEST: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

The Hanger - Internal Use Only

RA APPROVAL #: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

RETURN LABEL SENT? ( Y / N )

SIGNED BY: \_\_\_\_\_

DATE RETURN RCVD: \_\_\_\_\_

PROCESSED? ( Y / N )