



# RETURN AUTHORIZATION FORM

Dear Valued Customer,

All merchandise returns **MUST** be authorized within 10 days of receipt and will **NOT** be accepted after this period without a return authorization number. This Return Authorization expires 15 days after issue date. \*Note: Depending on the nature of your return, a 15% Restocking Fee may apply.

Please follow the instructions below to obtain your Return Authorization Number.

1. To obtain your Return Authorization Number
  - Call : 1 (573) 796-2183
  - Email : returns@zuckerfeather.com
2. Fill out this form and place a copy in the package with the merchandise being returned.
3. Keep a copy of this form for your records.
4. **The RA# and the bottom portion of this form MUST be attached to the outside of your Package; See Below.**
5. If you have made an error in ordering, you are responsible for shipping & return freight costs.

**RETURN MERCHANSIDE TO:**  
 ZUCKER FEATHER PRODUCTS  
 28419 HIGHWAY 27  
 CALIFORNIA, MO 65018

<i>ZFP OFFICE USE ONLY</i>	
DATE:	
RA#:	
RA ISSUED DATE:	
RA EXPIRATION DATE:	
CALL TAG: YES / NO	
RECEIVED DATE:	
CHECKED IN BY:	
# OF BOXES:	
BOX WEIGHT:	
VALUE OF SHIPMENT:	
REPLACEMENT ORDER #:	
DATE NEEDED:	
CREDIT CARD :	
CSC #:	EX. DATE:
BILLING ADDRESS:	

**RETURN POLICY:** Check all merchandise upon receipt. All merchandise returns **MUST** be authorized within 10 days of receipt and will **NOT** be accepted after this period without a return authorization number. Merchandise must be returned complete and in it's original condition. Freight and 15% restocking charge will be applied on all returns. Custom Merchandise and Closeouts are **FINAL SALE**.

CLIENT NAME:		CUSTOMER #
BUSINESS NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
EMAIL :		
DAYTIME PHONE:		FAX:
BILLING ADDRESS:		
INVOICE DATE:		INVOICE #:

QTY:	ITEM#:	REASON FOR RETURN:	PRICE:	<i>Office Use Only Rec'd</i>

**RETURNS WILL NOT BE ACCEPTED UNLESS RA # IS WRITTEN ON THE OUTSIDE OF THE PACKAGE.**

**CUT & ATTACH THIS BOTTOM PORTION OF FORM TO OUTSIDE OF BOX.**

**ATTN: RA #**  
**RA ISSUED DATE:**  
**RA EXPIRATION DATE:**  
**FROM CUSTOMER NAME:**  
**CUSTOMER ADDRESS:**

**RETURN MERCHANSIDE TO:**  
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