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**Logistics Department**

**Loss and Damage Claims Procedure**

**FACILITY RETURN AUTHORIZATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **General Information** | | | | | | | | | | | | | |
| Carrier Name: | | |  | | Attention: | | |  | | | | | |
| Address: | |  | | | | | | | | | | | |
| City: |  | | | | | State: |  | | | | | Zip: |  |
| Original Pro Number: | | | |  | | Our Claim Number: | | |  | | | | |
|  | | |  | | | | | | |  |  | | |

Please use this authorization to pick up & return the damaged product covered by the above PRO.

This shipment is to be returned on a Free Astray basis.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Pick Up From:** | | | | | | | | | **Ship To:** | | | | | | | | | | |
| Shipper Name: | | | | | |  | | | | Consignee Name: | | | | |  | | | | |
| Address: | | | | |  | | | | | Address: | | | |  | | | | | |
| City: |  | | | | | | | | | City: |  | | | | | | | | |
| State: | |  | | | | | Zip: |  | | State: | |  | | | | | | Zip: |  |
| Phone # | | | |  | | | | | | Phone # | | |  | | | | | | |
| Fax # | |  | | | | | | | | Fax # |  | | | | | | | | |
| Email: | | |  | | | | | | | Email: | |  | | | | | | | |
|  | | | | | |  | | | | | | | | | |  |  | | |

**Product to Be Returned**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Quantity** | **Product Description** | **SKU** | **Weight** | **Cost Per Unit** | **Total Cost** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Total |  |  |  |  |  |

Reason For Return:

Authorized By:

Once shipment is delivered to the consignee, please provide the return Pro Number and a copy of the delivery receipt, so that we may update our claim file.

If you have any questions or have any problems arranging for this pick up and/or delivery, please contact this writer:

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_