MILLS FLORAL COMPANY

4550 PEACHTREE LAKES DRIVE
DULUTH, GA 30096
770- 729-899
770-729-9731 FAX

RMA

Return Authorization Form

Returns must be filed within 30 days of receipt of goods. All requests for return of goods and/or credits must have an RMA Authorization #. All goods must be returned in original packaging and packaged in such a manner as to ensure its safe return to Mills Floral Co. Failure to package properly may result in denial of claim. All goods being returned that were received in good condition by customer must be received back to our warehouse in good sellable condition. Goods being returned that were shipped correctly and in good condition are subject to a 20% restocking fee and its return is the responsibility of the customer. Refunds will be applied to the customer's Mills Floral Co. account for use towards future orders. Any refunds to a credit card will require authorization. Refunds on Net 30 accounts will be applied to the original invoice or put on account to be used toward future orders. Only items listed on original Return Authorization form will be considered for credit / exchange - please do not send items that do not have an authorization.

Complete this form and fax or email to your sales rep within 3 days. Once form is received back your sales rep will contact you about resolution of claim. Original form must accompany returned goods.

Date: _____

Invoice # _____

Customer ID: _____

Company Name _____

Contact _____

Address _____

City _____

State _____ Zipcode _____

Phone _____ Fax # _____

Email _____

Reasons for Return: please list the reason number in box below

1. Damaged	7. Shipped Late
2. Quality Issue	8. Shipped Early
3. Data Entry	9. Bugs
4. Billing Error	10. Samples
5. Pulling Error	11. COD refused
6. Canceled Order	12. Customer ordered wrong

THIS SECTION FOR MILLS FLORAL COMPANY USE

Original Payment Method	Order Number	Sales Rep on Order	Ship Date	Call Tag Issued
CC _____ COD _____ Net 30 _____				Yes _____ No _____

Product to be Returned Yes_____ NO_____

MFC Account _____ **To Invoice** _____ **To CC**_____

Customer Expense _____ Call Tag _____

Number of Boxes for Call Tag _____

PLACE CALL TAGS HERE

TO BE COMPLETED BY CUSTOMER **PLEASE WRITE LEGIBLY**

Qty	Return Code	Item #	Description	Comment - further explanation	Receiving Notes

CUSTOMER SIGNATURE

Request Credit on Account _____ **Request Replacement** _____

Total Credit

Sales Rep Comments	Receiving Comments	Manager Comments
		Authorized by *Date*