



RETURN AUTHORIZATION FORM

Date _____

RA# _____

Parrett Inside Salesperson _____

Account # _____

Account Name _____

City _____ State _____

Attention _____

Invoice # _____

Invoice Date _____

PO# _____

Drawing # _____

ITEM(S) BEING RETURNED

Quantity _____

Description _____

Reason for Return _____

Action to be taken by Parrett Upon Return _____

Received By _____ Date _____

Freight Company _____ PO# _____

Please attach a copy of this form to each item being returned

Plant Completion Date of Return _____

Authorized By _____

Send to: Parrett Manufacturing, Inc.
690 E. Second Avenue
P.O. Box 440
Dorchester, WI 54425