



Viking Manufacturing Inc.

Return to Vendor

Name of Applicant:	Vendor name & Store # (If Applicable)
Name of Customer:	

VMI S.O. Number:	Vendor P.O. Number:
------------------	---------------------

Item Sku:	Qty:	Product:
Item Sku:	Qty:	Product:
Item Sku:	Qty:	Product:
Item Sku:	Qty:	Product:
Item Sku:	Qty:	Product:
Item Sku:	Qty:	Product:
Item Sku:	Qty:	Product:
Item Sku:	Qty:	Product:
Item Sku:	Qty:	Product:
Item Sku:	Qty:	Product:

Restocking Fee:	Additional Fee:
-----------------	-----------------

Restocking Fee:	Return Authorization #:
-----------------	-------------------------

Reason Returned (Check all that Apply)	Please Describe the Problem
<input type="checkbox"/> Overshipment <input type="checkbox"/> Unordered Item Received <input type="checkbox"/> Wrong Item Shipped <input type="checkbox"/> Incorrect Item Ordered (Vendor) <input type="checkbox"/> Incorrect Item Ordered (Customer) <input type="checkbox"/> Defective <input type="checkbox"/> Repair/Rebuild/Upgrade <input type="checkbox"/> Trade-In/Exchange	

Received by:	Date:
--------------	-------