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RETURN AUTHORIZATION REQUEST FORM

PLEASE FILL OUT COMPLETELY THEN FAX/EMAIL BACK FOR RA APPROVAL CONSIDERATION. ONCE YOUR FORM HAS BEEN REVIEWED, WE WILL RESPOND TO YOU VIA EMAIL/FAX. IF YOUR RA REQUIRES YOU TO SEND MERCHANDISE BACK, WE WILL PROVIDE A UPS RETURN LABEL. **NO BOX WILL BE ACCEPTED WITHOUT OUR UPS RETURN LABEL, A VALID RA # WRITTEN ON THE BOX AND THE APPROVED FORM INCLUDED INSIDE.** FAILURE TO COMPLY TO ANY OF THESE PROCEDURES MAY RESULT IN IMPROPER CREDIT. THANK YOU.

DATE: _____

COMPANY NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ FAX: _____

INVOICE #: _____ DATE ON INVOICE: _____

STYLE #: _____ PRICE PER PIECE: _____

COLOR(S): _____ QUANTITY: _____

SIZE(S): _____ REPLACE OR CREDIT? (circle one)

REASON FOR RA REQUEST:

REQUESTED BY: _____ TITLE: _____

EMAIL ADDRESS: _____

SHE + SKY - INTERNAL USE ONLY:		
RA APPROVAL #: _____	DATE ISSUED: _____	RETURN LABEL SENT? _____
SIGNED BY: _____	DATE BOX RECEIVED: _____	CREDITED TO: _____