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RETURN AUTHORIZATION REQUEST FORM

PLEASE FILL OUT COMPLETELY THEN EMAIL BACK FOR RA APPROVAL CONSIDERATION. ONCE YOUR FORM HAS BEEN REVIEWED, WE WILL RESPOND TO YOU VIA EMAIL. 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: _____