



**CORPORATE OFFICE**  
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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: \_\_\_\_\_