



RETURN AUTHORIZATION FORM

Customer Information

Name: (last, first, middle) _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Email: _____

Company: _____ PO #: _____

Sales Rep: _____ Rep Phone: _____

Products to Return

Product Name: _____ ISBN #: _____ Quantity: _____

Product Name: _____ ISBN #: _____ Quantity: _____

Product Name: _____ ISBN #: _____ Quantity: _____

Product Name: _____ ISBN #: _____ Quantity: _____

Product Name: _____ ISBN #: _____ Quantity: _____

Product Name: _____ ISBN #: _____ Quantity: _____

Package Condition

Has the original shrink wrap or seal on the package been broken? Yes No

If any shrink wrap or seals have been broken, please describe the condition of the package. _____

Why have you decided to return the above items? _____

Have you requested support from FHE on DVD? Yes No

I would like a refund or a replacement.