**Equipment Return Authorization Form**

**1. Customer Information**

* **Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Equipment Information**

| **Equipment Name** | **Serial Number** | **Date Purchased** | **Reason for Return** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

**3. Return Authorization**

* **Approval Status: ☐ Approved ☐ Denied**
* **Condition upon Return:**
  + **☐ Good**
  + **☐ Damaged (Explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Comments or Additional Details**

**5. Signature**

* **Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**