

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: _____