

**4539 HWY 13 GREENVILLE NC 27834**  
**(252)321-0556- PHONE (252)321-2690- FAX**  
**ATLANTIC COASTAL SUPPLY, INC.**  
**MERCHANDISE RETURN FORM**

Date \_\_\_\_\_  
Customer Account # \_\_\_\_\_  
Customer Name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Order Reference # \_\_\_\_\_

**Items Picked Up For Credit**

Quantity	Item Number	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Reason For Return-Required**

\_\_\_ Wrong Catalog #                      \_\_\_ Duplicate Order  
\_\_\_ Defective                                \_\_\_ Customer Does Not Need  
\_\_\_ Customer Order Error                \_\_\_ Salesperson Order Error

Other (Reason Must Be Written) \_\_\_\_\_

\_\_\_\_\_

Salesperson Initials \_\_\_\_\_