



# RETURN AUTHORIZATION FORM

Shipping: Returns Department  
 2545 Brockton Dr, Suite 100  
 Austin, TX 78758  
 (512) 451-8298  
 (800) 775-5996  
 Returns@gtdist.com

## CUSTOMER SATISFACTION STATEMENT

We are committed to offering only the best products and services to our customers. If for any reason you are not satisfied with your purchase, simply return in the original packaging with your receipt within 30 days. The product must be in new condition to qualify for repair or replacement. If the item was a special order, a closeout or has been altered or customized will incur a restocking fee or cannot be returned. All items returned must have a Return Authorization number or a completed Item Return Form. To obtain a RA Number, please call Customer Service (800) 775-5996.

## RETURN AND EXCHANGE PROCEDURE

1. Enclose this form with merchandise explaining action desired.
2. **Mark outside of box with return authorization number.**
3. Please use the provided, pre-addressed, cut-out label to ship your return package.
4. Fill out this form completely to prevent delays on your return.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Invoice Number \_\_\_\_\_ Purchase Order Number \_\_\_\_\_

Return Authorization # (RA#) \_\_\_\_\_

Returned Merchandise					
Item #	Color/Size	QTY	Return Code	Please give reason for return	Price

**RETURN CODES:**

- |                 |                                      |
|-----------------|--------------------------------------|
| A. Too Small    | E. Defective (Specify Problem)       |
| B. Too Large    | F. Not as Pictured (Please Comment)  |
| C. Arrived Late | G. Quality not as Expected (Specify) |
| D. Wrong Item   | H. Other (Please Explain)            |

Refund Total \_\_\_\_\_

**ACTION REQUESTED**

Exchange  
  Repair  
  Credit  
  Replace  
  Refund(to original PMT method)

Complete this section for exchanges or to order additional merchandise					
Item #	Color/Size	QTY	Description	Price Each	Amount

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Total for New Merchandise	_____
Less Refund	_____
New Total	_____
Total	_____