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- RETURNED GOODS AUTHORIZATION -

Customer Name: _____

Customer Address: _____

Telephone #: _____

Fax #: _____

Sales Order/ Invoice #: _____ / _____

Original Ship Date: ____ / ____ / ____

Type of Action To Be Taken (circle one): **Re-Make** **Fix** **New Parts To Be Supplied**

Reason For Actions Taken (circle one): **Warranty** **Customer Mistake** **CWI Mistake**

If YES for **WARRANTY** circled above, please briefly describe warranty below:

Does Product Need To Be Picked-Up? **YES** **NO** Date To Pick-Up: ____ / ____ / ____

Person In Charge of Repairs: _____ Date To Re-Ship By: ____ / ____ / ____

Are Repairs (circle one)?: **CHARGE** **NO CHARGE** If CHARGE, price: \$ _____

DESCRIPTION OF WHAT WORK NEEDS TO BE DONE TO THE PRODUCT:

Return Authorized By: _____

Date: ____ / ____ / ____

Approved By: _____

Date: ____ / ____ / ____