

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 _____