

WWW.SHOPMULLA.COM

Return Authorization Form

	n.e	* Please write legib	oly if you are writing						
Date:		RA #:							
Sende	r's Name:								
Name	of Business:								
City:		State:		Zip Code:					
Tel:		Email:							
Invoice	Invoice or PO number Ref:								
* Important: Please note that RA cannot be processed without either number *									
		Please read carefu	ılly about Retu	rns Process					
All returns must be made within 14 days upon receipt of goods. All items must be unworn and NEATLY FOLDED in its original packaging OR neatly folded and packed to the best of one's ability. Failure to comply will result in a 20% re-stocking fee deducted from the returning merchandise on a PER PACKAGE BASIS. *** Package here means per returned carton/box used for returns. The 20% will be deducted from returned dollar amount totals ***									
	Please select the following options:								
	Pack swap Only of equal or same dollar value								
*** F	*** Please note that we are unable to accommodate individual size run requests since all merchandise is prepacked ***								
	Credit Credi	t will be stored onto	o your account a	nd will be applied on	nto the future order.				

Continue to next page.

MUST READ BEFORE SUBMITTING

Returned merchandise list must reflect contents of package.

Listed items and contents of package MUST MATCH. If not, the return process will be delayed.

If returns exceed the itemized limit below, please speak with our team for further instructions.

Please write/type accurately and legibly. This will expedite the process.

Please follow instructions carefully. Inaccurate or incorrect fill outs will delay the returns process

- 1 Provide the Style Number under 'Items Returned'
- 2 If an entire pack is being returned, please note 'ALL' and leave Qty (PCS) blank
- 3 If only a few pieces of 1 style is being returned, please note the sizes being returned under 'Size'.
- 4 Under 'Qty (pcs)', please note the piece quantity being returned per size.

Listed below are coded used to help identify the reason for the return.

Please use the codes that best identifies the condition under the Code Name column.

IMPORTANT: If a code is not provided, the returns process will take longer than expected and no estimate can be provided as to when the credit or refund will be available

D	Defective and/or damaged	W	Wasn't what I expected
С	cancelled or arrived too late	F	Fit did not meet requirements
Q	Quality was poor	ı	Incorrect items
М	Missing units from original packaging	0	Other

Marking Damaged Items: Please help in marking with colored tape or note on the next page where the defect/damage has occurred along with the images.

	Style #	Color Name	Code	Size	Qty (pcs)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Terms of Agreement: I agree that all above information is true and has been filled out to the best of my knowledge. I understand that at anything MULLA has the right to withhold or delay the return if the above information is not true or inaccurate. I agree to and understand the terms listed on this page.

Date:	Signature:	

Please use this page to note defects/damages. You can also use this section to note any comments or concerns as well. Thank you!

	 	MULLA	Usage On	ly	 	
RA Issued Date:						
RA Issued By:						
Physical Check:						
Credit Amount:						
CRT/RFD Issued By:						
CRT/RFD Issued Date:						