

RETURNED GOODS FORM

PLEASE READ THE RETURN POLICY BEFORE
COMPLETELY FILLING OUT THIS FORM



RA# _____

ITEMS WILL NOT BE ACCEPTED WITHOUT
RETURN AUTHORIZATION NUMBER
CALL 866-437-9327 TO OBTAIN ONE

Name _____ Phone # _____

Shipping address _____

City, State, Zip _____

Email _____

Company _____ Employee # _____

Item code	Color	Size	Qty	Credit	Exchange for

Ship all returns to:
Hudson Workwear
6910 Miller Rd
Brecksville, Oh 44141

I have read and understand
the return policy

X _____