

**Product Return/ Replace/
Exchange Form**

Independent Distributor Name: _____ ID No.: _____ Dated: ____ / ____ / ____

Mobile No.: _____

Sales Invoice No. with Date: _____

Purchased From: _____

Product Description:

Name of Product	Qty. Returned	Qty. Accepted	Qty. Rejected	Amount	Remarks

Logistics I/C**For Office Use Only****Accounts:**

Return Invoice/ Credit Note No.: _____ Date: ____ / ____ / ____ Amount: _____

Amount Refunded: _____ Cash/Bank: _____

Exchange Invoice No.: _____ Date: ____ / ____ / ____ Amount: _____ Courier/Transport: _____

Docket/GR No.: _____ Date: ____ / ____ / ____

Accounts I/C_____
Logistics I/C