

# REQUEST FOR RETURN AUTHORIZATION



**SIGNATURE**  
custom cabinetry

Complete this form and return with item(s).

Dealer Name: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Job Name: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Signature Order #: \_\_\_\_\_

Approved by (Signature contact):

\_\_\_\_\_

Check whichever applies:

- Review and discard
- Return to Showroom
- Return to Jobsite/Other Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of item(s) being returned:

Reason for return:

What is your expectation of Signature regarding this return?

In order to reduce the chance of reorder, please wrap and package returned goods to arrive at Signature damage free. Remove all glass, hinges, hardware/screws, or accessories attached. We are not responsible for shipping damage on any item that is not adequately packaged. Please return all items to the attention of the Customer Response Team.

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## FOR OFFICE USE ONLY

Is this a result of a Signature error?

Which process is responsible for this error?

What action was taken to prevent future occurrences?

Quality Technician:

Department Supervisor: