Return Authorization Request Form

Please complete this form and email to sara@vimadecor.com. We will contact you once your return has been processed.

Your Name: _____ Today's Date: _____

Phone Number: _____ Company/Property Name: _____

Address: _____

Invoice Number: _____ Delivery Date: _____

PO Number: _____ Payment Method: _____

Item SKU Number	Quantity to Return	Description

Please provide a detailed reason for your return below

Customer Signature: _____ Date: _____

For Vima Official Use Only

Vima Representative Signature: _____ Date: _____

Return Approved by Vima: ☐ Yes ☐ No

If not approved, please explain: _____

Items Received at W.H. By: _____ Date Received: _____