



CENTRAL INK
CORPORATION

Request to Return Goods

Company Name: _____ Salesman: _____

Requested By: _____ Phone #: _____

Shop Order #: _____

Formula / Item #: _____

Lot / Batch #: _____

Tote # (If Applicable): _____

Pounds Being Returned: _____ Container Size/Code: _____

REQUESTING CREDIT: YES / NO

Reason (get as much detail as possible – ink is “bad” is not acceptable):

Initial: _____

APPROVED / DECLINED BY: _____