



KEETON'S Office Supply Co.

Serving your Office Product
Needs Since 1951

Phone# 800-833-4735

Fax# 800-833-4786

Date: _____

Product Return Form

Account Name: _____ Dept: _____

Account #: _____ PO #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone# _____ Fax # _____

Contact Email Address: _____

Contact Name: _____

| Invoice # | Manufacturer | Item Number | Qty | UoM | Reason for Return |
|-----------|--------------|-------------|-----|-----|-------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Replace Item/s? **Yes / No**

Replace with the following item/s listed below:

| Manufacturer | Item Number | Qty | UoM | Comments |
|--------------|-------------|-----|-----|----------|
| | | | | |
| | | | | |
| | | | | |
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For questions regarding returns, please contact your Sales Representative, Customer Service or reference the Keeton's Return Product Policy. All items returned within 30 days are subject to inspection before credit can be issued.