

**Please use VCB number on all correspondence.**

## RETURN AUTHORIZATION REQUEST

**or Address:**

~~Mathematical~~ **Arms**

~~14~~ 14 HOEFER AVE

ELIN, N.Y. 13357

- ☐ Request For Return Auth.  
☒ Please Repair or Replace (R)  
☐ Please Credit Only (C)  
☐ Mis-Shipment (M)

**Please send R.A. to appropriate location listed on Reverse Side. (Check One)**

VENDOR # 705700

[illegible]

**For further information call:**

**Warehouse Manager:**

Date: 6-28-77

Store #:

(Check box on reverse)

**No Correspondence within 60 days  
will result in deduction off next Invo**

PACKING SLIP