

Return Form



Auction in a box location: _____ Sales Rep: _____

Invoice Number: _____ Return Date: _____

Items Returned:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____