

Returned Merchandise Authorization Request

Current Date

Walmart Order # :

Name:

Address:

State/Province:

Zip/Postal code:

Phone:

SHIP TO:

Bambini Returns
2137 South Grand Ave
Santa Ana, CA 92705

(Please include copy of this form with return)

Date	Item	Description	Quantity	Unit Price	Amount
Sub-total					
Total					

Requested Action: **Credit** **Refund** **Exchange**

Additional Comments :

For office use only:

Action Taken:

Credited **Refunded**
 Exchanged

Date:

Authorized By:

Credit memo # :

Additional Comments :