



RETURN AUTHORIZATION

To:		Fax #	
Company:		Email:	
		RA #	

This authorization is for the return of following item/s.

Item Code	Description	Quantity	Comments

Please return product/s to following address.

Wraptite, Inc.
5030 Richmond Road
Bedford Heights, OH 44146

Attn: Chirag Patel (216) 292-4949

Please use the Return Authorization Number **RA #** _____
on all paperwork

Authorized by:

Sign

Date

Name

Title



**THIS FORM MUST ACCOMPANY PRODUCT TO INSURE
PROPER TESTING AND CREDIT**