

**Return Authorization**  
**A. DUIE PYLE, INC.**

ADP Contact Name: \_\_\_\_\_  
**800-523-5020** \_\_\_\_\_  
 DATE \_\_\_\_\_

**Affix Pro Sticker**

|                |
|----------------|
| ORIGINAL PRO#: |
| NEW PRO#:      |

|  |                   |         |                   |  |          |
|--|-------------------|---------|-------------------|--|----------|
| SHIPPER NAME:                              |                   |         | CONSIGNEE NAME:   |  |          |
| STREET                                     |                   |         | STREET            |  |          |
| ORIGIN: CITY                               |                   |         | STATE             |  | ZIP CODE |
| CONTACT:                                   |                   | PHONE   | CONTACT:          |  | PHONE    |
| ORIGINAL INVOICE #:                        |                   |         | REASON FOR RETURN |  |          |
| SHIPPER'S NUMBER#:                         |                   |         |                   |  |          |
| ORIGINAL DATE OF SHIPMENT:                 |                   |         |                   |  |          |
| WEIGHT:                                    |                   | PIECES: |                   |  |          |
| ORIGINAL PAYMENT TERMS (PREPAID / COLLECT) |                   |         |                   |  |          |
| <b>ADDITIONAL CHARGES</b>                  | RETURN CHARGES:   |         | RETURN TO NAME:   |  |          |
|  | SHORTAGE CHARGES: |         | STREET            |  |          |
|  | MISC.:            |         | CITY              |  | STATE    |
|  | MISC.:            |         | CONTACT:          |  | PHONE    |
| SIGNATURE OF PERSON PREPARING FORM         |                   |         |                   |  | PHONE    |
| SIGNATURE OF MANAGER AUTHORIZING CHANGES   |                   |         |                   |  |          |
| NAME: (PRINT)                              |                   |         |                   |  | DATE     |