

This form can be found on the web at  
http://www.calcru.com/terms.html

### Cal Cru Company Return Authorization Form

P.O.Box 498  
805 S. Salisbury Ave.  
Granite Quarry  
N.C. 28072  
Ph:1-800-476-9944  
Fax: 1-704-279-8205  
e-mail calcru@mindspring.com  
[www.calcru.com](http://www.calcru.com)

Dear \_\_\_\_\_ we are dissapointed that our products were not up to expectations. We apologize for the inconvenience that we have caused and we hope you understand the imperfections we have not been able to eliminate in our manufacturing processes. Please fill out the information and mail or fax back to us. We will process the RA asap.

Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Our Acct. # \_\_\_\_\_ Fax \_\_\_\_\_  
Shipping Address \_\_\_\_\_ E-mail \_\_\_\_\_

On \_\_\_\_\_ you requested to return \_\_\_\_\_ doz(s) garments to us that were shipped to you on \_\_\_\_\_.  
Please enter styles,colors and quantities that are defective and a brief description of the defect.

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**Please note our return policy:**

**Defects-->** "No returns will be accepted without prior written permission. We do not accept returns on garments damaged,decorated,ticketed or in any other way altered by the customer. Flaws should be marked by tape. Upon inspection of the return we will issue the appropriate credit. A maximum of 120 days from the invoice date is given to return defective garments unless there is extenuating circumstances that would be a factor in extending the 120 day limit. We do not issue call tags for defective goods."

**First Quality>** We understand how demand changes and endeavor to take stock items back if we have a need for these goods. We do charge a re-stocking fee of 15%. The time limit is 30 days. Please note that on garments that have already been re-labeled that it may not be possible to accept back as the potential for needle holes is high.

In reviewing your request we have:	Date:_____
_____ Granted authorization. Your authorization number is _____. Credit will be given upon reinspection of the goods at our factory.	
_____ Sorry, we cannot authorize return of these goods because _____	
_____ Authorized signature _____ (Quantities in excess of 12 dozen require return approval by MJ or SMc )	

**Please enter the appropriate response in each sentence**

If upon reinspection we find garments that were:

1. Damaged by your company we will return these goods to you at your expense \_\_\_\_\_  
Or donate them to a local charity \_\_\_\_\_?
2. If upon reinspection we find garments that were first quality, will you want us to return them to you at your expense \_\_\_\_\_ or return to our stock with a 15% restocking fee \_\_\_\_\_  
(Sorry we will not accept styles,colors that are non-stock or discontinued items)
3. If upon reinspection we find garments that can be repaired to a first quality level, can we return the garments to you at our cost?\_\_\_\_\_

Do you have any suggestions or comments that you would like to share with us? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Shipping (Cal cru use only)			
Date received	Tot. cases	Tot. Wgt.	Freight Charges

Customer Service note: Please send this form to the customer and ask them to fill it out and return it to you.