

# MEDIASOUTH

## Return Authorization Request Form

All fields must be filled out in order for us to process your return request:

Order#	<input type="text"/>	Part#	<input type="text"/>	Quantity	<input type="text"/>
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Please indicate purpose of Return:

Examples: Ordered Wrong  
Defective(must give nature of defect)  
Damaged  
Did Not Want  
Other(explain reason)

Please indicate if you need to reorder or would prefer credit only:

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Account#	<input type="text"/>
Company Name:	<input type="text"/>
Phone#	<input type="text"/>
E-mail:	<input type="text"/>

Please print and fax this form to: 770-242-6699 Attn: Returns Department or fill in the blanks and e-mail to: [sales@mediasouth.com](mailto:sales@mediasouth.com)

Please allow 1 business day for your request to be processed and your sales representative or inside customer service to contact you with the return#

Please remember that no return will be accepted without prior authorization and a **MEDIASOUTH** return# issued.