Viking Manufacturing Inc.

Return to Vendor

Name of Applicant:	Vendor name & Store # (If Applicable)
Name of Customer:	

VMI S.O. Number:	Vendor P.O. Number:

Item Sku:	Qty:	Product:
Item Sku:	Qty:	Product:
Item Sku:	Qty:	Product:
Item Sku:	Qty:	Product:
Item Sku:	Qty:	Product:
Item Sku:	Qty:	Product:
Item Sku:	Qty:	Product:
Item Sku:	Qty:	Product:
Item Sku:	Qty:	Product:
Item Sku:	Qty:	Product:

Restocking Fee:	Additional Fee:
Restocking Fee:	Return Authorization #:

Reason Returned (Check all that Apply)	Please Describe the Problem
☐ Overshipment ☐ Unordered Item Received ☐ Wrong Item Shipped ☐ Incorrect Item Ordered (Vendor) ☐ Incorrect Item Ordered (Customer) ☐ Defective ☐ Repair/Rebuild/Upgrade ☐ Trade-In/Exchange	

Received by:	Date: