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Business	Name						
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Please fill in at least one of the following fields							
Delivery #, Invoice # and, Order/E be 8 digits long starting with the					Delivery #	8	
Order/Document #		3			Invoice #	9	
Account #					Postal Code		
Products Being Returned							
QTY	QTY 10 Digit Stock Number		Publication Title				
7							
	7						
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	7						
Reason for Return							
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Confirmation Date					Confirmation Name		