

Consumer Product Returns List

Store Name / Account Number : _____ City/ST: _____

**Please submit this form *in full* to our office and credit will be issued. Credit will not be issued if the form is incomplete.
 No paperwork or UPCs will be picked up by our driver. Please see the bottom of the page for vendor exceptions.**

Consumer Name & Address (Street, City, State, Zip Code)			Reason For Return
Return Qty	Frontier Part #	UPC	Product Description
Consumer Name & Address (Street, City, State, Zip Code)			Reason For Return
Return Qty	Frontier Part #	UPC	Product Description
Consumer Name & Address (Street, City, State, Zip Code)			Reason For Return
Return Qty	Frontier Part #	UPC	Product Description
Consumer Name & Address (Street, City, State, Zip Code)			Reason For Return
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Consumer Name & Address (Street, City, State, Zip Code)			Reason For Return
Return Qty	Frontier Part #	UPC	Product Description
Consumer Name & Address (Street, City, State, Zip Code)			Reason For Return
Return Qty	Frontier Part #	UPC	Product Description

****For the following vendors, please refer to the *Vendor Specific Consumer Returns List* and the *Consumer Product Return Form* ****
 - Canidae -Farmina -Fromm -Lotus -Ziwi