Return Authorization Request Form

The following form must be filled out completely and faxed to The Highest Heel at 239-434-6750 for processing. Please note, a call tag or RA# will not be issued until we receive This request form. Any return without an RA# will be refused at the warehouse.

Return to:

Highest Heel COLLECTION

VIVID

A Division of Global Footwear Partners, Inc.
857 E 230th Street
Carson, CA 90745

Returned From:

Contact Name

Phone Fax

Company Name customer ID

Date E-mail

FOR OFFICE USE ONLY Date:_____

Approved RA # _____

Faxed mailed emailed

Customer returned postage credit:
Customer returned NO postage credit:

Declined / Approved	Reason

Please state reason for return:

Damaged: yes / no

Reason:

Returning following: **Please list each item and size returned below.**

Style / Stock No.	Color:	5	6	6 1/2	7	7 1/2	8	8 1/2	9	9 1/2	10	11	12	13	14	Total: