

# RETURN MERCHANDISE AUTHORIZATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## Item you wish to return:

Part Number \_\_\_\_\_

Description \_\_\_\_\_

Serial Number \_\_\_\_\_

Purchased From \_\_\_\_\_

## Reason for Return:

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Submit to:  
Cook Manufacturing Corporation  
3920 South 13th Street  
Duncan, OK 73533  
Phone: 580-252-1699 Fax: 580-252-2970  
Email: cook-mfg.com