



2030 Ross Street Vernon, California 90058 Tel: 323.235.0099 Fax: 323.235.0510

SHIPMENT RETURN REQUEST

ORIGINAL CARGO RECEIPT # _____

ORIGINAL DATE OF SHIPMENT: _____

SHIPPER NAME OR ID:		CONSIGNEE NAME OR ID:
PIECES	WEIGHT	REASON FOR RETURN (Briefly describe reason of return)

Return of above shipment is being request by (name) _____

on (date) _____ This shipment is being returned to you at your request and UCL, Inc. is not liable for any and all liability due to return of above mentioned shipment including but not limited to additional shipping cost, loss of profit due to season, other delays and etc. Also, you agree to pay all freight charges at the time of delivery including original outbound charge, return charge, storage charge and any other charge(s) that might have incurred due to return of your merchandise.

Print Name: _____

Signature: _____

Driver's Name: _____

Signature: _____

Unit # _____ Pcs. _____

Date & Time: _____