



RETURN AUTHORIZATION

Authorized Date: _____

Authorization #: _____

Account Number: _____
 Company Name: _____
 Contact Name: _____
 Phone: _____ Fax: _____

1. No returns will be accepted without authorization and proper documentation.
2. Fill out this form completely, and fax back to JEL at 717-299-4404.
3. JEL will return this form with your RA#.
4. Please include a copy of the form with the part(s) to be returned.
5. When shipping parts back, DO NOT write or affix labels to original packaging.

Invoice Number	Part Number	Description	QTY	Price Each	Reason Code	Packed By:

JEL Inc Reason Codes:

- | | | | |
|------------------------|-------------------|-------------------|-------------------------|
| 1 Picking error by JEL | 4 Duplicate order | 7 Catalog Error | 10 Customer Order Error |
| 2 Billing error by JEL | 5 Defect / Broken | 8 Did not Order | 11 Other (list below) |
| 3 JEL Lookup Error | 6 Shipping Damage | 9 Customer Cancel | |

List damages and other issues here: _____

John E. Landis - Returns Policy

*All John E. Landis returns are subject to a 10% restocking charge. In addition , **all** returns for special ordered or non-stock merchandise will be subject to a 25% restocking fee. Shipping errors and damages **must** be reported to JEL upon receipt of shipment. Items must be returned within 30 days, complete, with original packaging, instructions, etc. Items that have been installed or used in any way, may not be returned.*

John E. Landis, Inc. - 1886 Commerce Park East - Lancaster, PA. 17601

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