

RETURNED GOODS REQUEST

FAX this form to 314-531-0066

Customer Account No.: _____ Date of Request: _____

Customer Name: _____ Customer Phone: _____

Contact Name: _____ Customer Fax: _____

Address: _____ Contact Email: _____

City, State, Zip: _____ Preferred Method of Contact: *(check one)*

Phone Fax Email

Tiemann Invoice No.:

Tiemann Order No.:

Customer PO No.:

Items to be returned

Tiemann Item Code	Qty	UOM	Description

Reason for Return

Restocking Charge: _____

Freight Charge: _____

Method of Return: _____

PLEASE CALL CUSTOMER SERVICE IF YOU HAVE ANY QUESTIONS REGARDING:

- RESTOCKING CHARGE
- FREIGHT CHARGE
- METHOD OF RETURN

1-800-289-6868
Thank You