



ID RETURN REQUEST FORM

Fax completed document to: 1.662.890.1330

or Email: returnmail@Landau.com

All Return Requests Must Be Made Within 30 Days of Invoice Date

Unit #: _____ Contact Name: _____ # of Total Pages Faxed: _____
Company Name: _____ Email: _____ Page # _____
Fax #: _____ Phone #: _____ RMA# _____
Landau to Fill In

Reason Codes for Return Request - Must be included in the information below.

- A. Size Is Incorrect, Item Was Not Worn.
- B. Customer Does Not Want, Item Was Not Worn
- C. Landau Shipped Wrong Item
- D. Defective Quality - Sewing, Zippers, Snaps, Etc.
- E. Defective Fit- Item Is Mislabeled

Packing Slip Order #	Item Style#	Color	Size	Quantity	Reason Code for Return (A,B,C,D,E)

<p>Requesting RMA#</p> <ol style="list-style-type: none">1. Complete entire form except for RMA #2. List all items to be included on this RMA#3. Add a second page if all garments to be returned won't fit on one form.4. Once submitted no additional items can be added to this RMA Request.5. Fax: (662-890-1330) or Email: returnmail@landau.com6. Landau will write in the RMA # and send the form back to you.7. If you wish to speak to someone in the Returns Dept., please call 800.238.7513 Ext. 1530.	<p>Upon Receipt of RMA # and or UPS Call Tag</p> <ol style="list-style-type: none">1. This form will have an RMA# when faxed or emailed back to your location.2. Ship garments listed on this form, along with a copy of this form to Landau.3. Remember to keep a copy for your records.4. Clearly mark the RMA# on the outside of the shipping carton.5. Address Box(es) to: Returns Dept. Landau Uniforms 8410 West Sandidge Rd. Olive Branch, MS 38654 RMA#
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