

## **Non-Defective Return Goods Authorization Form**

Material must be active in the current price book excluding annual deletions; 20% restocking fee applies; Customer paid freight to designated Moen facility; Product must be in re-saleable condition upon inspection; Bulk pack product must be in full case quantity; Standard allowable limitations based on CIP agreement apply.

Customer Information									
Customer Name* Store Number					Contact Person*				
Street Address*					City	State	Zip*		
Street Address."					City	State	ZID.		
Phone Number* Email Address			Address			Fax Number	Date		
							<u> </u>		
Return Information									
Line	Model Number	Qty.	Purchas	e Order #		Reason for Retur	'n		
1									
2									
3									
5									
6									
7									
8 9									
10									
11									
12									
13									
14 15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
C	ustomer Debit No.		•						
		S	Submit completed form to: <b>documents.return@moen.com</b> or						
		fax to 1-800-718-6636. Credits will not be processed without							
		approval. Extended Credit paid reflects customer net price paid							
		(less discounts and restocking fee.) For questions regarding							
			submission please contact your local Moen Representative						
			Subillis	sion pie	use cl	ontact your local wideling	cpreser	itative	
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