

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

Unit # _____	Contact Name _____	# of Total Pages _____
Location Name _____	Contact Email: _____	Faxed _____
Center Fax _____	Phone # _____	Page # _____
		RMA# _____

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

IDCUSTACCO	Landau Shipped Wrong Item, Landau Error	
IDFIT	Ordered Correct Size, but Item Doesn't Fit	
IDNOTWNT	Never Worn, Do Not Want	
IDQU	Defective Quality - Sewing, Zippers, Snaps, Etc.	
IDWNGSZ	Ordered Incorrect Size, Item Was Not Worn.	

Packing Slip Order #	Partner Name	Partner ID#	Item Style#	Color	Size	Quantity	Reason Code for Return

<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 to 1-662-895-5099 or email to returnmail@landau.com 6. If you wish to speak to someone in the Returns Dept., please call 866.608.4343 	<p>Upon Receipt of RMA # and /or UPS Call Tag</p> <ol style="list-style-type: none"> 1. The RMA form will be emailed back to the email listed above. 2. Print copy of this form to include with shipment back to Landau. 3. Ship only the garments listed on this form back to Landau. 4. Remember to keep a copy for your records. 5. Clearly mark the RMA# on the outside of the shipping carton. 6. Address Box(es) to: Enterprise Healthcare Return Landau Apparel 8410 West Sandidge Rd. Olive Branch, MS 38654 RMA#
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Special Order, While Supplies Last or Discontinued Styles are not eligible to be returned unless defective.

Returns will not be accepted if not accompanied by a Returns Merchandise Authorization Number Supplied by Landau.