



# RETURN AUTHORIZATION FORM

Company Name: \_\_\_\_\_ Cust . Account # \_\_\_\_\_

Pick-up address: \_\_\_\_\_

Contact: \_\_\_\_\_ Te#: \_\_\_\_\_ Fax# \_\_\_\_\_ Date: \_\_\_\_\_

E-mail address: \_\_\_\_\_ JSI Inv # \_\_\_\_\_

List item(s) you would like to return using JSI item numbers: \_\_\_\_\_

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Reason for return: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**You must be given a return authorization number by JS International, Inc. before we accept any item being returned. The form we fax to you must be attached to the outside of your return shipment. If the faxed form is not attached we will not accept delivery and your company will not receive credit.**

**Issuance of Return Authorization does not guarantee issuance of credit. If credit is to be issued, it will be issued by JSI upon receipt & inspection of item being returned, minus any freight charges and restocking fees if applicable.**

**Please list a date and time when it is best to schedule a pick up for your return items:**

**Date: \_\_\_\_\_ Time: \_\_\_\_\_**

Thank you,  
JS International, Inc.