

**A valid E-mail and Phone number are required**

## RETURN FORM

**GEORGE TIEMANN & CO.**  
**25 PLANT AVENUE • HAUPPAUGE, NY 11788**  
*Please fill out this form completely!*

Account Number:	Date:
Company:	
Address:	
Contact:	Phone:
Email:	Fax:

Invoice #: \_\_\_\_\_

PO# (if applicable): \_\_\_\_\_

*Returns will not be accepted without either a copy of the packing slip or invoice.  
Credit will be issued once the merchandise is determined to be in re-saleable condition.  
Returns may be subject to a restocking fee. Special orders are non-returnable. Thank you.*

Qty	Catalog #	Description

Reason for Return: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

George Tiemann Rep. you spoke with (if applicable): \_\_\_\_\_

Customer Signature: \_\_\_\_\_

For office use only:

Initial:

Date:

