

YOUNG CO. INC.
RETURN AUTHORIZATION WARRANTY
 No. 32263

DATE _____
 DEPT. _____
 Customer: _____
 Phone: _____

15% Minimum Handling Charge *
 Town: _____
 Salesman: _____
 Pick Up Location: _____
 Route No.: _____

A	B	C	D	E	F	G	H
QTY	CODE OF ITEM INVOICED	DESCRIPTION OF ITEM INVOICED	INVOICE NUMBER	DATE	RETURN CODE	ITEM RETURNED IF DIFFERENT THAN ITEM INVOICED (B) OTHER	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

PLEASE FILL OUT ALL
*** ITEMS**
FAX TO 845-292-5118

RETURN CODE:
 1. Damaged - a. concealed b. invoice noted c. no signature d. signature
 2. In warranty a. replacement ordered by Salesman _____
 b. replacement to be ordered by Yaun Co. _____
 c. item already received on Invoice # _____
 3. Left Over -
 4. Ordered Incorrectly - a. customer b. outside salesman c. inside salesman
 5. Shipped Wrong - fill out box G
 6. Other (Describe) _____

RG T written by _____ Date _____
 RG T Authorized by _____ Date _____
 RG T Picked up by _____ Date _____
 CM Written by _____ Date _____
 CM # _____

WAREHOUSE TRAFFIC PICK UP INFORMATION

ATTEMPT	DATE	ROUTE #	DRIVER	REMARK/CODE
1				
2				
3				

1. Material not found
 2. Material not ready for pick up
 3. No access to material
 4. Other - please state in remarks

FOR WARRANTY RETURNS - Information must be submitted with tag

Home Owners Name _____ Model # _____ Date Purchased _____
 Address _____ Serial # _____ Date Installed _____
 Tel. # _____ Date Failed _____