



RETURN POLICY TERMS AND CONDITIONS

ALL RETURNS MUST BE SENT TO THE FOLLOWING ADDRESS:

FOH®, ATTN: Receiving Department
3151 NW 125th Street, Miami, FL 33167

RETURNS

- Returns are at the sole discretion of FOH®. FOH® reserves the right to refuse any returns at any time and for any reason.
- Eligible manufacturer error returns will be covered fully by FOH® (this includes a call tag and waiving of the restocking fee). **
- Defective returns are subject to approval and may require additional information. *
- ALL RETURNS must be sent to the above address and must have a Return Authorization Number (RA) issued by FOH® or the return will not be accepted. The FOH® RA number must be clearly written on all of the boxes being returned. The RA number will expire after thirty (30) days of issuance. Returns sent to an address other than the one listed above or without an RA number written on each box will be refused at the sender's expense.
- An FOH® Return Authorization Form must be filled out completely and emailed to returns@foh.cc to obtain a RA number.
- RA's will only be issued within thirty (30) days from your invoice date. Any returns requested after this time frame will not be accepted.
- Returns must be received in UNUSED and SALEABLE condition and in their ORIGINAL packaging at our Miami Distribution Center address above. Please securely wrap each item being returned, write the reason for your return on the back of your packing slip and enclose it in the carton. If you do not have the packing slip, please write the reason for the return on a blank paper and enclose it with the package. Once the returned item has been received, a credit will be issued to your account. The customer is responsible for the return freight cost.
- Invoice deductions must be authorized by our Accounting Department within 10 days from invoice date. Unauthorized deductions will not be accepted and will result in a \$75 administrative fee payable upon receipt
- Customers returning items will be charged a minimum 20% restocking fee and all freight charges.
- Items damaged during return freight will not be credited.

DAMAGES

- Any damage or loss must be claimed by consignee with carrier.
- Please examine your order upon arrival for any discrepancies or damage(s). FOH®, is committed to providing excellent customer support. If your order is received incomplete, incorrect or damaged, please contact our Customer Service department at 305-757-7940 ext. 291. **Claims MUST be reported to Customer Service within ten (10) days of receipt. Any claims made after 10 days will not be accepted.**
- When contacting Customer Service please provide **the carton number** found on the carton containing the damaged items, **item numbers** for each damaged SKU and **how many of each item** was damaged. Please keep all original packaging. You will be given a credit for the damaged item(s).
- Please take a photo of the damaged items in order to expedite your claim.
- A deduction for returned product will NOT be allowed on invoices prior to Front of the House®/room360° by FOH®'s receipt of those products. Credit Memo amount may differ from Return Authorization due to damage in transit or product not received in full. **Failure to comply may result in a \$75 administrative fee.**

Required Return Authorization and Replacement/Damage Credit forms are available through our Customer Service Department at 305-757-7940 ext. 291.



RETURN AUTHORIZATION FORM

ALL RETURNS MUST BE SENT TO THE FOH® DISTRIBUTION CENTER:

FOH®, ATTN: Receiving Department
3151 NW 125th Street, Miami, FL 33167

ALL RETURNS SENT TO FOH® OFFICE WILL BE REFUSED.

**** RA# must appear on all cartons returned ****

REASON FOR RETURN

Incorrect Item Ordered Defective * Manufacturer Error ** Changed Mind Samples

Other

COMPANY INFORMATION

Company Name:

Phone:

Company Address:

Email:

Date:

ORDER INFORMATION

Order# / PO#:

of Boxes Being Returned:

ITEMS TO BE RETURNED

Item Number

Quantity

Item Number

Quantity

Name:

PLEASE EMAIL COMPLETED FORM TO RETURNS@FOH.CC

For FOH® use only. Please do not fill out.

FOH® Sales Manager:

RA#:

Date Processed: