| PM USA Returned Goods Authorization Form | | | | | | | | | |
|---|--------------------|---------------------|-------------------------------------|---|-----------------------|---------|--------------|-------------------|--|
| Ship-to Customer # 19308 | | | Date Created | October 17, 2022 | | RGA# | | B590ACBD8 | |
| Contact Name | act Name test test | | Account Name | MCLANE SOUT | E SOUTHWEST | | Club # | | |
| E-Mail Address test@test.com | | Address | 2828 Industrial E | ustrial Blvd Test1 # of 0 | | ases in | 6 | | |
| Contact Phone # (544)-444 | | -4444 | City, State, Zip Code | Temple, TX, 765 | | | oment | | |
| Return Options | | | | | | | | | |
| Return Type Concealed Damage Return Line item details are at the end of RGA. | | | | | | | | | |
| *** Enter the Escalati by AGDC HQ | on Number P | rovided N/A | **** Special Return Description N/A | | | N/A | | | |
| Section A: Product Information | | | | | | | | | |
| Total Revenue / Open Stock (# of Packs) = 9 | | | | | | | | | |
| Total of Section A Must Match Total of Section B | | | | | | | | | |
| Section B: Tax Information | | | | | | | | | |
| Location | | Sticks Per Pack | # of Pack(s) State Ta | ax Paid # of | Pack(s) Local Tax | Paid # | of Pack(s) N | No State Tax Paid | |
| ALASKA | | 20 | 7 | | | | | | |
| ALASKA | | 20 | 2 | | | | | | |
| State Total Total of Section R (State Tex Paid) | | | 9 Non State Tay Paid | d) Must Mate | Match Total Section A | | 9 | | |
| Total of Section B (State Tax Paid + Non State Tax Paid) Must Match Total Section A 9 | | | | | | | | | |
| DIRECT DISTRIBUTOR ACKNOWLEDGEMENT FIELDS MUST BE COMPLETED FOR CREDIT TO BE GENERATED | | | | | | | | | |
| Direct Distributor Acknowledgement | | | | | | | | | |
| By acknowledging below, the Direct Distributor agrees that the information provided in Sections A & B is accurate to the best of their knowledge. In addition, the Direct Distributor agrees to allow Philip Morris USA to process the product returned in accordance with the Philip Morris USA Returned Goods Policy. | | | | | | | | | |
| I have reviewed the information contained in Form (and all attachments) and I certify that it | | | t it is accurate by selecting the | | | | test test | | |
| | | d on this document. | ey and I am authorized to do so | and I am authorized to do so on benair of the | | Pate: | 10/17/202 | 2 | |
| | | | | | | | | | |

PACKAGING INSTRUCTIONS:

- Do not bind the product together. Place individual packs in cartons or neatly stack in boxes. Each carton should only contain product of the same quantity, price, category and tax jurisdiction. Do not mix the product in carton. Excise Tax Recovery Returns need only be separated by quantity, product deal and tax jurisdiction.

 Any product that appears to have been exposed to strong odors, foreign matter, infestation or excessive moisture should be isolated wrapped in plastic, and packaged
- separately.

- Shipping boxes should be in good condition. If re-using boxes, remove all old or existing labels or markings.
 All boxes need to be labeled with the corresponding RGA number and sequentially number (1 of X, 2 of X)
 Place the approved Returned Goods Authorization Form and any supporting documentation (ex. Authorized Concealed Damage Form) inside product shipment box 1 of X and keep a copy for your files.
- Validate counts. In the event of a discrepancy, the Philip Morris USA Returned Goods Department's count will be final.
- The completed form must be included with the shipment.

SHIPPING INSTRUCTIONS:

- Product must be returned via a Philip Morris USA approved carrier and must be classified as freight collect on the bill of lading
 Multiple product returns may be shipped together as long as the paperwork and packaging for each product return is executed as instructed above

REFERENCE THE PHILIP MORRIS USA RETURNED GOODS POLICY AND INSTRUCTIONS FOR ADDITIONAL INFORMATION