



# RETURN LOGISTICS

International Corporation

## Return Order Advance Ship Notice

### SHIPPING AND LABELING INSTRUCTIONS

RLI's Secure Service processing is available only to those licensed by the Drug Enforcement Administration (DEA). A current copy of your individual or institution's Federal Registration DEA Form 223 must be included. All DEA Form 222's will be sent to this location only.  
 RLI's DEA #RE0215675.

1. Complete the following Return Order Advance Ship Notice and applicable inventory lists and fax to (912) 748-5102, email to roshima@returnlogistics.com or mail to Return Logistics International Corp. 22 Artley Road, Savannah, GA 31408.
2. RLI will issue you a Return Order Number (RON).
3. Do not ship any products to RLI until you have been given an RON. make sure you write it on the shipping label.
4. To assist you in DOT compliant shipping of pharmaceuticals, cut along the dotted line and tape labels to your packages. **SHIP BY GROUND WITH A TRACKING NUMBER ONLY AND FEWER THAN 70 lbs.**
5. Read and follow the instructions on each type of inventory sheet attached for DEA compliant transfer of products for disposition.
6. Photocopy this document as many times as needed for labels and for your records.

### TELL US ABOUT YOUR SHIPMENT

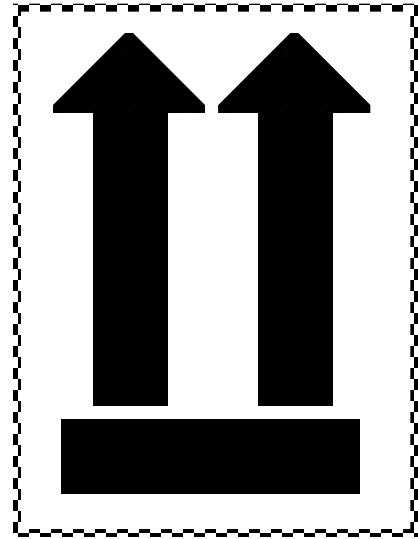
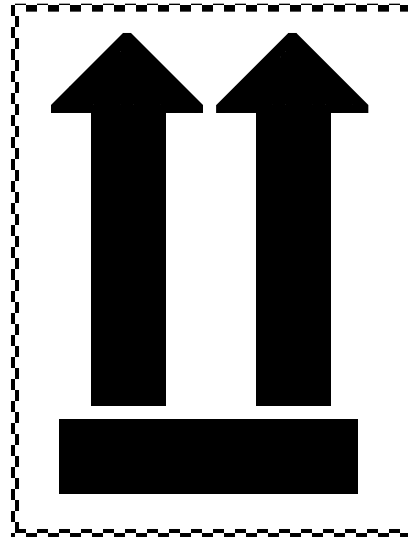
No. of Containers: \_\_\_ Container Type (check): Box Pallet Drum Other \_\_\_  
 Type of Drugs (check):  I & II  III, IV & V  Rx/OTC Shipment Wt. (lbs.): \_\_\_  
 Carrier Name: \_\_\_\_\_ BOL/Tracking #: \_\_\_\_\_  
 Carrier City: \_\_\_\_\_ Carrier State: \_\_\_\_\_ Carrier Zip: \_\_\_\_\_


### WHERE WILL THE SHIPMENT ORIGINATE FROM

Company Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Contact Title: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 DEA Reg #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Registered Class:  I  II  III  IV  V  
 State Reg #: \_\_\_\_\_ State: \_\_\_\_\_ Exp Date: \_\_\_\_\_

### BILLING INFORMATION (if different from above)

Company Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Contact Title: \_\_\_\_\_  
 Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



Consumer Commodity		
ORM-D		
Return Order Number	Weight (lbs.)	Container No.
_____	_____	_____ of _____
<b>To</b>  <b>RETURN LOGISTICS</b> International Corporation <b>22 Artley Road</b> <b>Savannah, GA 31408</b>		<b>FROM</b>