APi Products – Return Policy & Authorization Form

Return Policy – APi Products

General Policy

NovEx / APi typically does **not** accept returns of chemical products due to the inability to control environmental conditions at the branch level once the product leaves our facilities. This policy ensures the integrity, safety, and quality of our products.

Liquid Products

- Liquid products **may** be considered for return in certain cases where product integrity can be reasonably assured.
- The branch must issue a **vendor claim** to return the product to NovEx (return address to be provided upon claim approval).
- Once the returned product is received and inspected by NovEx / APi, a **credit memo** will be issued against the submitted vendor claim.
- The branch is responsible for **all shipping costs** associated with the return.
- A **25% restocking fee** may be applied to liquid product returns.

Powder Products – No Returns

The following powder-based products are **non-returnable under any circumstances**:

- E-Z POOL
- EZ SPA Total Care
- Pepper & Pepper CA (California)
- OxySplash

Note: Unauthorized returns or returns that do not follow the above procedures will not be accepted or credited.

Return Authorization Form – APi Products

Branch Name:	
Branch Contact Name:	
Phone:	
Email:	
Date of Request:	
PO Number and Product Name:	
Product Type:	☑ Liquid
Quantity to Return:	
Lot / Batch Number:	
Reason for Return:	

Return Shipping Information

Date Shipped: _____

Carrier: _____

Tracking Information: _____

Return Policy Acknowledgment

☐ I acknowledge that all **powder products** are **non-returnable**.

- E-Z POOL, EZ SPA Total Care, Pepper & Pepper CA (California) and OxySplash.

☐ I acknowledge that **liquid product returns** require prior authorization, vendor claim submission, and that the branch **pays / is responsible** for all shipping costs.

☐ I understand that a **25% restocking fee** may apply if applicable.

Signature of Requestor

Return Authorization (to be completed by APi)

Authorization Number: _____

Return Address: **NovEx Supply Chain, LLC**
1085 Stateline Rd. E, Suite 100
Southaven, MS 38671
P: 901.567.4077

Approved By: _____

Date Approved: _____

Inspection & Credit Memo (to be completed upon receipt by NovEx)

Date Received: _____

Condition of Product: ☐ Acceptable ☐ Not Acceptable

Credit Memo Number: _____

Inspected By: _____