



# RETURN GOODS AUTHORIZATION

INTERNAL USE ONLY	
RGA#:	_____
APPROVED BY:	_____
DATE:	_____

PLEASE SEND THIS PDF BY EMAIL TO: rma\_hal@apainc.ca OR BY FAX AT 866.393.4895

COMPANY : \_\_\_\_\_

CLIENT # : \_\_\_\_\_

NAME : \_\_\_\_\_

TEL. / CELL : \_\_\_\_\_ EXT: \_\_\_\_\_

E-MAIL : \_\_\_\_\_

- Warranty Replacement**
- Warranty Repair**
- Return & Credit** Restocking fees will be charged

**PLEASE INDICATE THE RETURN CODE FOR EACH PRODUCT**

- |          |                          |          |                         |
|----------|--------------------------|----------|-------------------------|
| <b>A</b> | Shipping error           | <b>G</b> | Missing pieces          |
| <b>B</b> | Duplicate shipment       | <b>H</b> | Customer refusal        |
| <b>C</b> | Damaged during transport | <b>I</b> | Wrong finish            |
| <b>D</b> | Too long delay           | <b>J</b> | Customer canceled order |
| <b>E</b> | Defective (specify)      | <b>K</b> | Other (explain, list)   |
| <b>F</b> | Fluid leak               |          |                         |

						INTERNAL USE ONLY	
Item #	Qty	Code	Problem Description if necessary	Invoice #	PO #	Unit price	Amount

NUMBER OF BOXES SHIPPED PLEASE

COMMENTS:

SUBTOTAL		
RESTOCKING	%	
<b>TOTAL</b>		

CLIENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

By signing this document, you accept all the conditions and become aware of the costs, the amount of the estimated credit and the results.

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PICKED UP BY: \_\_\_\_\_ DATE: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_