



RETURN GOODS AUTHORIZATION

INTERNAL USE ONLY

RGA#: _____

APPROVED BY: _____

DATE: _____

PLEASE SEND THIS PDF BY EMAIL TO: rma_ott@apainc.ca OR BY FAX AT 613.741.7907

COMPANY: _____

CLIENT #: _____

NAME: _____

TEL. / CELL: _____

Warranty Replacement

Warranty Repair

Return & Credit Restocking fees will be charged

Item #	Qty	R-C	Problem Description	Invoice #



PLEASE INDICATE THE RETURN CODE FOR EACH PRODUCT

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

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.

INTERNAL USE ONLY

PICKED UP BY: _____ DATE: _____

RECEIVED BY: _____ DATE: _____