



# RETURN GOODS AUTHORIZATION

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

PLEASE SEND THIS PDF BY EMAIL TO: rma\_tor@apainc.ca OR BY FAX AT 905.612.9689

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               |                                  |

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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: \_\_\_\_\_