



# RETURN GOODS AUTHORIZATION

INTERNAL USE ONLY

RGA#: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

PLEASE SEND THIS PDF BY EMAIL TO: [rma\\_tor@apainc.ca](mailto:rma_tor@apainc.ca) OR BY FAX AT 905.612.9689

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

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: _____