RETURN GOODS AUTHORIZATION

INTERNAL USE ONLY	
RGA#:	
APPROVED BY:	
DATE:	

PLEASE SEND THIS PDF BY EMAIL TO: rma_van@apainc.ca OR BY FAX AT 604.299.3470

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

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		

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

NUMBER OF BOXES SHIPPED PLEASE

COMMENTS:

SUBTOTAL		
RESTOCKING	%	
TOTAL		

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 :