



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: _____

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: _____