RETURN AUTHORIZATION FORM

| Office use | |
|---------------|---|
| RA #: | |
| RA Issue date | 9 |
| Taken By | |



This RA Expires 30 days after the RA Issue Date above

Dear valued Customer. Please follow the instructions below,

Returns MUST be made within 30 days of Invoice date, be in sellable condition and in original packaging

- 1 Fill out this form completely and FAX BACK to CP 905 532 9476
- 2 CP will return this form to you with your RA#
- 3 Place a copy of this form in the package with the merchandise being returned

| | 4 CLEARLY write the RA | | | | | | |
|-----------|---------------------------------------|--|--|---------|---|--|--|
| | · · · · · · · · · · · · · · · · · · · | - | receipt at YOUR expense without exception | | | | |
| | · | | e a Return Service Tag . This MUST be us send parts back in ALL cases except if CP | • | | | |
| | b Tou are responsible for all fi | eigiit costs to | send parts back in ALL cases except in Cr | erreu | | | |
| Name: | i ! ! | | | | | | |
| Date: | <u> </u> | | | | | | |
| Co. Name | - - | | | | | | |
| Acct. #: | | | Email: | | | | |
| Contact # | | | Fax#: | | | | |
| | Part # | Qty: | Invoice # | RA Code | | | |
| | raren | Q.y. | invoice ii | To Code | | | |
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| Reason · | for Return? Record annl: | icable rea | son beside part # above | | | | |
| neuson. | 1 error by Concord | | son bestae pare in above | | | | |
| | | no longer ne | eeds part/ client double ordered part | | | | |
| | 3 Concord double shipped | | · · | | | | |
| | 4 Concord shipping error | | | | | | |
| | 6 client ordering error | | | | • | | |
| | mispacked part | | | | | | |
| | | defective part- see flow chart Client to HOLD part for 30 days | | | | | |
| | 9 damaged part- see flow char | rt | Client to HOLD part for 30 days | | | | |
| | 1.11 | Cooken Arres | ua Waadhridga ON IAI EVS | | | | |