

# RETURN AUTHORIZATION FORM



Office use	
RA #:	-----
RA Issue date	-----
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 # on the outside of your package**  
*Failure to do so may result in refusal of receipt at YOUR expense without exception.*
- 5 If CP has erred on your order, CP will issue a **Return Service Tag** . This MUST be used to return part
- 6 You are responsible for all freight costs to send parts back in ALL cases except if CP erred

Name:	-----		
Date:	-----		
Co. Name:	-----		
Acct. #:	-----	Email:	-----
Contact #	-----	Fax#:	-----

Part #	Qty:	Invoice #	RA Code

**Reason for Return? Record applicable reason beside part # above**

- 1 error by Concord
- 2 client cancelled order/ client no longer needs part/ client double ordered part
- 3 Concord double shipped
- 4 Concord shipping error
- 6 client ordering error
- 8 mispacked part
- 7 defective part- see flow chart                      Client to HOLD part for 30 days
- 9 damaged part- see flow chart                      Client to HOLD part for 30 days

**411 Confederation Parkway, Unit #1, Concord Ontario L4K 0A8**