Return Goods Request Authorization Form

Date						56th Ave grove, BC V4W 3X1
Customer Info	ormation				Phone: 604- Toll Free 1-877-SP	856-7711
Customer Name:				Fax: 604-856-7744 www.aquaspapak.com		
Contact Name:						
Address:						
Province:				FAX TO: 604-856-7744		
Postal code:						
Phone:						
Fax Number:						
-mail address:				*Include serial number if applicable*		
Invoice #	Original date of Purchase	QTY	I	Description	Part Number	Return Code
Reason for Return*:		'				
RGA NUMBER	RGA NUMBER			NOTE: Items returned without an RGA# supplied by ASP will be returned to customer collect and no credit will be issued.		
SHIP BACK VIA	P BACK VIA			PRE-PAID:	AID: COLLECT:	
FOR INTERNAL ASP	USE ONLY					
INSPECTED AND TESTED: YES NO DATE:				I	NSPECTED BY:	
PRODUCT FALLS UN	NDER WARRANTY?:	YES [NO RETURN	N TO VENDOR: YES	RETURN TO STOCK: YES	
IMPORTANT: PLEAS	SE INCLUDE A COPY (OF THIS F	ORM (COMPLETE	WITH RGA NUMBER) WITH 1	THE ITEM BEING RETURNED	
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Warranty: Warranties as expressed by individual manufactures will be honored. All items are subject to inspection prior to credit being issued.

A - Defective B - Over shipped C - Duplicate Shipment D - Rebuild E - Repair F - Warranty Consideration G - Ordered in error ** List all details in the *Reason for Return* Box (Do not use this form for items damaged in shipping. A freight claim must be filed with the carrier directly)

Special Order Items: On special items we order that are not normal stock items, we cannot accept cancellations or returns.

Returned Material: Transportation charges must be prepaid and all merchandise and a 20% re-stocking fee will apply.

Returned as New: All product returned as "New or Un-installed" must be less than 30 days from invoice date and in "undamaged and sellable condition". If product is not is not eligible for credit for any reason, return freight is the responsibility of the customer.