

Return Authorization Form



Email form to: csr@powerplusmobility.com

Fax form to: 905-614-0435

Phone: 905-614-0333

www.powerplusmobility.com

RA#

RA Steps: 1. Fill out this form completely 2. Prepare a copy of the sales invoice(s) for defective good(s) 3. Email or fax per above

For Office Use Only

Company Name:

Account Number:

RA Number:

Ship To Address:

Date RA Issued:

City:

Province:

Postal Code:

Processed By:

Requested By:

Item Returned: Yes / No

Email:

Date Received:

Phone:

Fax:

Quantity	Item Number	Description	PO Number	Serial Number (if applicable)	Reason Code	Credit, Replace or Repair?

Return Reason Codes	Comments / Special Instructions
<p>Record appropriate number in the "Reason Code" column above.</p> <ul style="list-style-type: none"> 1. Wrong quantity received 2. Wrong merchandise received 3. Damaged in shipping 4. Duplicate order 5. Product defective 6. Customer not satisfied 7. Incorrect item ordered 8. Incorrect quantity ordered 9. Other 	

<p>If items need to be returned, please ship to the address below AFTER receiving an RA number :</p> <p style="text-align: center;">Power Plus Mobility Inc. 208 Wilkinson Road Brampton ON L6T 4M4</p> <p style="text-align: center; color: red;">Receiving Hours : 7:30 - 4:30</p>	<p>For Office Use Only</p> <p>Credit Issued: Yes / No</p> <p>Credit Amount:</p> <p>Transaction Number:</p> <p>Date Issued:</p> <p>Issued By:</p> <p>Comments:</p>
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