omnibus

3768 ch Côte des Neiges Montréal Qc H3H 1V6

RETURN AUTHORIZATION

DATE: _____ **EXPIRY DATE:** _____

ACCOUNT NO.: _____

DEALER: _____

ADDRESS: _____

CITY: _____ **PROVINCE:** _____

POSTAL CODE: _____

INVOICE #: _____

FREIGHT FOR RETURN PAID BY:			**WEIGHT:**	**NUMBER OF BOXES:**
Qty	***SKU***	***Desc***	***CP Invoice No.***	***Reason for Return***

Please Note Return Conditions:

_ Only goods listed on this RA form may be returned. Others will be returned at your expense or discarded.
_ There should be no stickers/ labels on items returned.
_ Items must be in new and original condition. Damaged books will not be credited.
_ To avoid damages of products in shipping, please pack items using proper packaging materials.
_ A courier will be sent to pick up your return.
_ Freight collect returns will be refused and returned to sender.
_ Include a copy of this form with your return, and write RA number visibly on the outside of the carton.
_ **Returns without an RA will be refused.**