



RETURN AUTHORIZATION FORM

Company: _____

Date of Request: _____

Account/Store #: _____

Ship To:

Contact: _____

DLC Distributors Inc.
#101 – 10425 173rd St

Phone: _____

Surrey, BC V4N 5H3
ATTN: Warranty Dept.

Fax: _____

(RA# must be clearly written on box or waybill)

Qty	Model # & S/N	REASON FOR RETURN	Unit Cost	DLC NOTES (DLC use only)

DLC NOTES: _____

- Shipments must be clearly marked with RA# or may be refused
- All Returns shipped pre-paid unless otherwise authorized by DLC
- Include this document with shipment
- RA will expire 60 days after issue
- Units must include a copy of the customer invoice or DLC purchase invoice to identify warranty authenticity
- Items returned may be subject to a 15% Restocking Fee

DLC USE ONLY:

RA# _____

Date Received: _____

Call Back date(s): _____

Authorized by: _____

Date: _____