

RETURN AUTHORIZATION FORM

Name: _____ Phone: _____ Email: _____

Order #: _____ RA#: _____ Date Issued: _____

- A return authorization number (RA#) is required for every return shipment.
- The RA# for your shipment must match your original return request.
- No goods will be accepted for returns after 30 days from the invoice date.
- All goods must be in original packaging accompanied with a copy of this form.
- Return Authorization numbers are valid for 20 days from the date they are issued.
- Credits will only be issued to the original method of payment.

Instructions:

- Complete and submit the return authorization form to contact@topnutindustrial.com
- Upon approval you will be provided with an RA#.
- Refund will be processed when the products are received by Top Nut Industrial.
- Please allow 5 – 7 business days for returns to complete.

SKU	DESCRIPTION	QUANTITY (UNITS)	REASON FOR RETURN

Return Address:

Shipping & Receiving
2590 - 61st Avenue S.E.
Calgary AB T2C 4V2

Questions & Comments: contact@topnutindustrial.com

