

RETURN GOODS AUTHORIZATION FORM

Date : _____

Company name		Location of items presumed defective
Adresse		

CONTACT

Contact name	
Title	
Email	
Phone number	

MATERIEL TO RETURN

	Product code		Qty		Production date	
1						
2						
Other pertinent information :						

**PLEASE TRANSMIT THE COMPLETED FORM TO ADMIN@ONLIGHT.CA OR BY FAX AT +1-450-464-1214.
PLEASE JOIN ANY PICTURES YOU DEEM PERTINENT TO THE EVALUATION OF THE PRODUCT. THANK YOU**

RESERVED FOR ON LIGHT	
RECEIVED BY :	DATE :
#RGA :	STATUS :