

ACTIONWEAR FR

Return Authorization Form

Date:		PO #:		Order #:	
Compan	ny:				
Contact Name:			Phone #:		
Address:			City: Province:		
Email Ad	ddress:				
Return	Process:				
Produc	ts may be returned to Act	ionwear for insp	ection, ex	change, or credit by following these steps:	
	ut this Return Authorization	on (RA) Form in i	ts entirety	and email to sales@actionwear.ca to	
	a number is issued, place ber on the outsite of the		the box w	ith the item(s) being returned and write the	
3. Retur	n the authorized item(s) t	o Actionwear 11	14 Melville	St Saskatoon, SK S7J OR1	
4. Our C	ustomer Service Team wi	ll process your r	equest		
Actionwe	ear's full Return & Exchange https://www.actionwear.c			site for review.	
*Style #	(Can be found on the lab	el of the garmar	nt ex. 1310	C1)	
Qty	Style # *	Colour	Size	Reason for Return	