



2310, Power Street
 Drummondville, Qc, J2C 7Z4
 873-627-1056
 819-478-0352

RETURN AUTHORIZATION

Instructions :

- Contact Innovation Spreadtek Inc. to obtain an RMA return number (Required);
- Complete the returns form;
- Send the duly completed document to payables@spreadtek.ca
- Returns will only be accepted with this form fully completed.

TO BE COMPLETED BY THE COSTUMER

| Customer information | Reason for return |
|----------------------|-------------------|
| Company : | |
| Client name : | |
| Phone : | |
| Date of purchase | |
| Return date | |
| Contact : | |

INFORMATION ON THE GOODS TO BE RETURNED BY THE CUSTOMER

| # RMA | # PIECE | # SERIES | # INVOICE | QTY | PHOTO |
|-------|---------|----------|-----------|-----|--------------------------|
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |

Client's signature :

RESERVED FOR INNOVATION SPREADTEK INC.

| | |
|---|--|
| Work to be done : | Conclusion : |
| <input type="checkbox"/> Part replaced under warranty <input type="checkbox"/> Repaired part | <input type="checkbox"/> Temporary replacement part sent <input type="checkbox"/> Item refunded |
| Contact signature : | Return adress : |

Return the duly completed form with a copy of the invoice for the parts to be returned