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| --- | --- |
| https://static.wixstatic.com/media/326227_ae80915db03901d54fffa40ecc60307f.jpg/v1/fill/w_175,h_61,al_c,q_80,usm_0.66_1.00_0.01/326227_ae80915db03901d54fffa40ecc60307f.jpg  |  RGA / DA REQUEST FORM |
|  |
| DATE: | Click here to enter a date. | MAAX REPRESENTATIVE: |       |
| MAAX maintains the privilege of inspecting all units before making a final decision on returning product. This is to be carried out by a MAAX representative of our choice. Any unit found to be reparable will be so at the discretion of the MAAX representative. |
|  |
| **CUSTOMER INFORMATION** |
| CONTACT: |       | BUSINESS NAME: |   |
| PHONE: |       | PICK UP ADDRESS (LOCATION) |       |
| FAX: |       |   |
| Prior to shipping, the damage/defect must be indicated on the unit in grease pencil. If the product arrives in our distribution center with damage other then that indicated in grease pencil, it will be repaired or returned and the cost charged back to the returning customer. |
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| **PRODUCT INFORMATION** |  |
| All fields in this section are REQUIRED. This section must be filled out in full before an RGA or credit can be issued. |
| QTY | MODEL | ORIGINAL PO NUMBER | SERIAL NUMBER (Where available) |
|     |       |       |       |
| DESCRIPTION/REASON FOR RETURN/DESCRIPTION OR DEFECT, IF APPLICABLE | INVOICE |
|       |       |
|     |       |       |       |
| DESCRIPTION/REASON FOR RETURN/DESCRIPTION OR DEFECT, IF APPLICABLE | INVOICE |
|       |       |
|     |       |       |       |
| DESCRIPTION/REASON FOR RETURN/DESCRIPTION OR DEFECT, IF APPLICABLE | INVOICE |
|       |       |
|  |  |
| **TERMS AND CONDITIONS** |
| **RETURN UNIT-IN** 100% RESELLABLE CONDITION - Doors, cabinets, and kits must be in original sealed package. *Returns or restructions of**multiple units will be subject to additional levels of MAAX approval.* |
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| **RETURN UNIT** - MANUFACTURING DEFECT - Plant manager must be advised of 3 or more units returned for the same reason. |
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| **DESTROY ON SITE** All destructions must be performed by a MAAX representative or authorized alternative. |
| **DEBIT NOTE** (if applicable) |       |  |
| - | All products being returned for any reason other than manufacturing defects will be subject to a **25% restocking fee.** This fee does not include transportation. |
| - | All returned merchandise will be considered the property of the customer until an evaluation concerning the condition and potential fitness of the merchandise can be completed, and the account notified regarding the results. |
|  |  |
| Client Signature |  | Date | Click to enter date. | MAAX Rep. |  |
| Please sign above acknowledging that all of the information given is correct and that all the terms/conditions have been read, are understood and accepted by the client. |
| **This authorization is valid for *45 days from the date at the top of the form*. A confirmation of receipt of this request with a** **MAAX authorization number will be sent to you within 1 business day.** |
| *Please include a copy of the confirmation in the packing slip envelope of the returned article to identify the product at the MAAX**warehouse upon arrival.* |