



Return # :

Return Authorization Request

Fields with * are required

Client # Canam4x4:

Province :

Postal code :

*Company name :

Phone # :

Address :

*E-mail :

City :

*Contact :

* Invoice number
or date of
purchase

* Quantity

* Item #

* Reason for return

*** IMPORTANT**

*I would like to use Canam4x4 carrier (standard freight charges apply).
I will use my own transport.*

* Customer signature

Signature of the Canam4x4 Returns Manager

* Date

Date

FOR CANAM4X4 ADMINISTRATION

Credit number :

Return tracking # :

Credit date :

Replacement/Exchange # :

Replacement/Exchange Date :