

RETURN MERCHANDISE AUTHORIZATION



Tidal Sinks Plus Ltd.

P.O. Box 10029 Winona, ON L8E 3C3
 Phone: 905-643-4346 Fax: 905-643-4376
 Email: info@tidalsinks.com

RMA NO. _____
 DATE _____

Request From: Name: _____
 Company Name: _____
 Street Address: _____
 City, Prov, Postal Code: _____
 Phone: _____

Reason for Return:	
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Note: For damaged product or warranty returns a picture of the item as well as the packaging must accompany your request.

** Returns claimed beyond the 5 day grace period are subject to a 30% restock fee

Original PO #	Date Received	Tidal Invoice #	Credit Required?	Exchange Required?

QTY	ITEM #	DESCRIPTION	Total

Return Check List:

- Photo Included
- Accessories Included
- Packaging in Good Condition