



## Damages & Returns Report

**Please do not return goods without authorization first**

Please complete this form to notify Relaxus Products Ltd. of any damages, shortages, or incorrect items you have received. You have 10 days from the date you receive your goods to make a claim. Requests after such time may not be honored. Please complete all fields to avoid any delays in the processing of your c/note. Include this document in box. R. A. # must be written on outside, collect shipments will be refused.

*Please put this # on outside of all returned goods*

Sincerely, Relaxus Products Ltd.

Customer No.: \_\_\_\_\_

Company Name: \_\_\_\_\_

Invoice No.: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Fax / Email: \_\_\_\_\_

*Do Not Write in this Space*

RA#: \_\_\_\_\_

Authorized by: \_\_\_\_\_

Relaxus Sales Rep: \_\_\_\_\_

*For use by Relaxus Personnel only*

Replace / Credit	QTY	Item #	Description	Reason for Return ie. shortage / damaged	\$ value
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
Total before					\$
Estimate # of boxes returned					

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please fax this form to: (604) 879-0889 or Scan to: report@relaxus.com**

**Any questions please call (604) 879-0899 or toll free 1-800-668-9876**

**Relaxus Products Ltd.  
1590 Powell Street,  
Vancouver, BC V5L 1H3**