



Sound-Lite Sales
Unit 7C-305 McKay Ave.
Winnipeg, Manitoba
R2G 0N5

RETURN
MERCHANDISE
AUTHORIZATION
REQUEST

Phone: (204) 233-1739 · Email: soundlitesales@gmail.com

Name: [] Date: []
Company: []
Address: [] Phone: []
City: [] Fax: []
Prov./State: [] Postal/Zip: [] Country: [] Email: []

Reason for return: [] Defective [] Damaged [] Credit Other: []

Brand: [] Model: [] Serial #: []

Is the product under warranty? [] Yes [] No
Forward copy of invoice number: []
[] Provide me with an estimate [] Repair without estimate

Problem(s) Description: []

We recommend that you print a copy of this form for your records.
Here are your options to submit this form:
1) Print as an Adobe PDF and email the PDF to the email address noted above;
2) Print on paper, scan it and email to us
3) Print on paper and mail a copy to our physical address noted above

FOR OFFICE USE ONLY:

WARRANTY: []
IN TRANSPORT CHARGE TO: []
OUT TRANSPORT CHARGE TO: []
REPRESENTATIVE: []
SIGNATURE: []
DATE: []

R/A NUMBER: []

We do not assume any cost concerning insurance charges on freight.