



Kingsway Wholesale Return Authorization Form

899 KIPLING AVENUE
ETOBICOKE, ONTARIO
M8Z 5H3

Office: 416-233-1164 Fax: 416-239-0013

info@kingswaywholesale.com www.kingswaywholesale.com

Pharmacy:

Address:

City:

Province:

Postal Code:

Email:

Phone:

| Item name, strength & size | Lot number | Expiration Date | Qty | Reason for Return | Invoice # | Invoice Date |
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Return Policy

1. Returns are given a 85% credit of the total value of the product at the time of invoice
2. Please fill out the return form to start the return process
3. Please send the form via Email info@kingswaywholesale.com or by fax 416-239-0013
4. Once we receive the form we will process the return and contact you with an RA number, from there we will set up pick up for the product and process the credit
5. Contact Kingsway Wholesale at 416-233-1164 if you have any questions or by email info@kingswaywholesale.com for any further questions

Shipping Instructions

1. Once we provide an RA number and approve the return of products, please carefully pack the items in a box that is sealed securely in order to make sure the product is returned safely back to us
 2. Affix shipping label onto the outside of the box with the RA number
- Ship returned items to 899 KIPLING AVENUE ETOBICOKE, ONTARIO M8Z 5H3

Print Name

Customer Signature

Date