



Please provide the following information and submit to obtain a Return Authorization number. Remit form via Email: orders@chefworks.ca or Fax: 905.660.7975

CUSTOMER INFORMATION				
NAME:				DATE:
PHONE #:				ACCOUNT #:
INVOICE #:				ORDER #:
RETURN INFORMATION				
ITEM NO.	QUANTITY	SIZE	COLOR	REASON FOR RETURN (please be specific)
COMMENTS				
Please provide any comments or feedback regarding the product you have purchased:				
RETURN POLICY				
Items must be in resala	alterations, worn, lable conditon and o mber is only valid t	aundered, or riginal pack for 30 days	damaged, discontinued an kaging.	and special ordered are not returnable. dly on the outside of the package or will be refused.
AUTHORIZATION				
Please review your request and sign below as an acknowledgement of the transaction and policies.				
SIGNATURE		- PI	RINT NAME	DATE