

RETURN REQUEST

Name _____ LRC Acct. No. _____
 Address _____ Contact Name _____
 City _____ Prov. _____ Postal Code _____
 Phone () _____ Fax () _____ E-mail _____

Return Merchandise Authorization (RMA) No. _____

Reason for Return:

Defective Damaged in Transit Incorrect Shipment by LRC Surplus/Incorrect Order
 Replacement Required? Yes No

Additional Information: _____

To view the complete Returns Policy, please refer to the Learning Resources Centre website under "About Us, Returns Policy", or the "Business and Ordering Information" section of the Resources Catalogue, or contact the Learning Resources as listed above. The learning Resources Centre invoices replacement items under a new order and credits your account upon receipt of the returns items in LRC's warehouse.

Qty.	Product No.	Description (Attach list if necessary)	PO / Order No.	PPS / Invoice No.

Signature _____

Please Print _____ Date _____