DEALER FORM

REQUEST FOR RETURN AUTHORISATION NUMBER,

DO NOT USE FOR FIREARMS

Please complete this form and return to **csr@gravelagency.com** or **fax to 418.682.3343** to obtain a return authorization number. The return authorization number must be written on the outside of the box and then shipped to : Gravel Agency Inc. 5175 John-Molson Quebec QC G1X 3X4 CANADA. * You are responsible for shipping costs to Gravel. We are not responsible for goods lost or damaged in the shipping process. We suggest using courier / transporter with a tracking number and insurance.

ATTENTION TO : CSR	**DATE :**

STORE INFORMATION

STORE NAME :	
CONTACT PERSON :	**ACCOUNT # :**
ADDRESS :	**CITY :**
PROVINCE :	**POSTAL CODE :**
PHONE # :	**FAX # :**
EMAIL :	**REFERENCE # :**
BUSINESS FIREARMS LICENCE # :	**EXPIRY DATE :**

AMMUNITION INFORMATION

PRODUCT NUMBER (5 digit number near the barcode) :

LOT NUMBER (Stamped on inside flap of the box) :

PROBLEM WITH THE AMMUNITION (Picture required) :

OTHER PRODUCT INFORMATION

PRODUCT #, DESCRIPTION AND REASON FOR RETURN :