



RETURN AUTHORIZATION REQUEST

Store Name: _____

Customer #: _____

Phone: _____

Fax: _____

Requested By: _____

Date: ____ DD ____ MM ____ YY

Page #: ____ of ____

NOTES

1. Fill out this form and FAX it to Future Harvest Development attn. Returns at 250.491.0252 or 866.491.0252
 2. Provide Invoice # for Proof of Purchase.
 3. Refer to FHD catalogue for Item # and Item Description.
 4. Please explain in detail Reason for Return.
 5. After we receive this form we will respond by phone or fax with a Return Authorization #. Only approved items are returnable.
 6. Please include a copy of the Return Authorization # with shipment. All shipments to Future Harvest Development must be Prepaid.
- ALL RETURN AUTHORIZATION WILL BE DETERMINED AT FUTURE HARVEST DEVELOPMENT'S DISCRETION.**

ITEM #	ITEM DESCRIPTION	QTY FOR RETURN	INVOICE
	Reason for Return		
	Reason for Return		
	Reason for Return		
	Reason for Return		
	Reason for Return		
	Reason for Return		
	Reason for Return		
	Reason for Return		
	Reason for Return		
	Reason for Return		
	Reason for Return		
	Reason for Return		
	Reason for Return		

Future Harvest Development Ltd
 725 Evans Court, Kelowna BC Canada V1X 6G4
 p. 250.491.0255 :: f. 250.491.0252 :: toll free 866.491.0255
 www.extremegrowing.com :: info@extremegrowing.com