

Date Form Received: Date Product Received: Sales Representative: _____

RMA Number:

NOTE: SEND THIS COMPLETED FORM BEFORE RETURNING ANY MERCHANDISE TO RECEIVE AN RMA NUMBER. ANY ACTION WILL BE DETERMINED AT OUR DISCRETION.

ALL FIELDS ON FORM MUST BE COMPLETED

Any shipments arriving without this form and a return authorization number issued by our returns department will be refused.

Any merchandise received that is not listed on the form will not be processed.

Date:		
Store Name:		
Store Contact:	Customer No:	
Store Address:		
Email Address:		
Phone No:		

RETURN REQUEST FORM

FOR FASTEST POSSIBLE SERVICE:

1. Please verify that all products are under warranty.

2. If applicable, please notify our returns department

of any shortages or damages within 48 hours.

3. Test all products prior to submitting form.

4. Fill out this form and email your Hydrofarm Canada Warehouse.

5. Provide the invoice number for the listed items.

6. Indicate reason for return with as much information as possible.

QUANTITY	ITEM CODE	REASON FOR RETURN	INVOICE NO.	TESTED
				Y 🗌 or N 🔲
				Y 🗌 or N 🔲
				Y 🗌 or N 🔲
				Y 🗌 or N 🔲
				Y 🗌 or N 🗌
				Y 🗌 or N 🔲
				Y 🗌 or N 🔲
				Y 🗌 or N 🔲
				Y 🗌 or N 🔲
				Y 🗌 or N 🔲

Upon receipt of this form we will email you a Return Authorization Number (RMA Number) to be noted in the field above and on the outside of all boxes being shipped (include this form with the shipment as well). Do not write on the boxes if it is the manufacturing packaging. Contact your returns and warranties department member to process these as invoice adjustments.