

Hutchings Marine Products Ltd.

Defective & Return Goods Policy

**Please fax or call for RGA# prior to returning goods.
Returns AFTER ONE YEAR from date of purchase WILL NOT BE ACCEPTED.**

DEFECTIVE GOODS:

Defective merchandise will be accepted for credit or replacement, providing the following conditions are met:

1. RETURN AUTHORIZATION has been obtained by completing a Return Authorization Form. **Please fax or call for RGA# prior to returning goods.**
2. Invoice Number or Packing Slip Number MUST BE PROVIDED.
3. A clear explanation of the problem.
4. Merchandise is to be returned FREIGHT PREPAID or PICKED UP by a representative of HUTCHINGS.

RETURNED GOODS:

Shipment of wrong merchandise or merchandise not ordered will be accepted for return and a full credit issued, providing the following conditions are met:

1. RETURN AUTHORIZATION has been obtained by completing a Return Authorization Form. **Please fax or call for RGA# prior to returning goods.**
2. Invoice Number or Packing Slip Number MUST BE PROVIDED.
3. Reported within seven (7) days of receipt of goods.
4. Product is returned in 100% RE-SALABLE CONDITION.
5. Merchandise is to be returned FREIGHT PREPAID or PICKED UP by a representative of HUTCHINGS.

All other merchandise will be accepted for return and subject to a 15% RESTOCKING CHARGE providing the following conditions are met:

1. RETURN AUTHORIZATION has been obtained by completing a Return Authorization Form. **Please fax or call for RGA# prior to returning goods.**
2. Invoice Number or Packing Slip Number MUST BE PROVIDED.
3. Returns AFTER ONE YEAR from date of purchase WILL NOT BE ACCEPTED.
4. All STICKERS & BARCODING must be REMOVED.
5. Returns must be in RE-SALEABLE CONDITION.
6. A RESTOCKING FEE OF 15% will be charged.
7. Merchandise is to be returned at DEALERS EXPENSE or PICKED UP by a representative of HUTCHINGS.

HUTCHINGS MARINE PRODUCTS LTD.

1594 Winhara Road, Gravenhurst, ON. P1P 1R1

705 684-9709 Fax 705 684-9325

800 461-4295 Fax 800 645-8933

Return Authorization Form

Please fax or call for RGA# prior to returning goods.

QTY	ITEM NO.	DESCRIPTION	Invoice / Packing Slip #	Reason For Return

Date: _____

Dealership _____

Name: _____

Contact: _____

Telephone #: _____

Fax #: _____

RGA# _____

Authorized

By: _____

*Please complete this form entirely to avoid delays.
A credit will be issued upon receipt and inspection of the return.*