



## **Enbridge Return Form**

Please enclose fully completed form with the merchandise that is being returned

	Employee Name:					
	Department:	USR	C&G	SMC	QA Verifier	
		Welder	Meter Reade	ers	Other	
	Employee Location:					
	Employee Ph. #:					
	Reason for Return:	ı	Incorrect Size (Valid for UNWORN Items Only)			
		Defective Merchandise (Submitted for Assessment)				
TERMS AND CONDITIONS REGARDING RETURN OF DEFECTIVE GARMENTS  UPON RECEIPT OF THE MERCHANDISE, MARK'S COMMERCIAL WILL ASSESS THE ITEM(S) FOR DEFECTS  IF THE MERCHANDISE IS DEFECTIVE, YOU WILL BE CREDITED THE FULL AMOUNT.						
All necessary information can be found on the original packing slip.						
Accour	nt #:					
Order :	#:					
Date o	f Return:					
Item(s)	Returned:					
Size Re	eturned:		Quantity Returns	ed:		
Employ	vee Signature:			Date:		

## **Return Shipping Address:**

**Attn: Mark's Commercial Returns Department** 2333 Millrace Court, Mississauga ON, L5N 1W2

Attention Fulfilment - Mark's Commercial Use Only Please contact the e-Commerce team to re-instate the customer's entitlement.