COMPUZONIC
1622 MICHAEL STREET
OTTAWA, ONTARIO
K1B 3T7
TEL 613-842-8288 FAX: 613-842-8545

RMA # : _____

REQUEST FORM : _____

DATE: _____

RMA REQUEST FORM

CUSTOMER: _____ **CONTACT PERSON:** _____

ADDRESS: _____ **PHONE:** _____

_____ **FAX:** _____

_____

Please read the instruction below:

IMPORTANT NOTE:

1 *A comprehensive description of problem is required on all product returns.*
2 *Please fax a copy of each invoice with the RMA REQUEST FORM.*
3 *All return merchandise received must have an RMA # on customer's parcel or may be rejected by* COMPUZONIC
4 *All product must be received by* COMPUZONIC *within 7 days of RMA # issuance.*
5 COMPUZONIC *is not responsible for any freight charge or any shippment.*

Item Description	Qty.	Invoice Number	Invoice Date	Serial Number	Reason for Return	Technical Note	RMA Return Part Serial #	Remark