RMA NO. _____

REQUEST DATE:

COMPUCASE CORPORATION

16720 CHESTNUT ST. STE. C, CITY OF INDUSTRY, CA 91748
TEL: (626) 336-6588 FAX: (626) 333-9288

Compucase Use Only

REC'D DATE _____

REC'D BY: _____

CONTACT PERSON: _____ TEL: ( ) FAX: ( )

COMPANY: _____ ADDRESS: _____

EMAIL:

ITEM	QTY	REASON FOR RETURN	SERIAL NO.	INVOICE NO.	INVOICE DATE	Compucase Use Only		
						QTY REC'D	INSPECTION	Credit/ Repair

Please fill out the RMA form completely to ensure timely process and email it back to **rma@compucaseusa.com**. RMA No. is valid for 2 weeks from the date of issue. Physical damage, mishandling, misuse, and unauthorized modifications will void warranty. Warranty is enforceable by the first purchaser. DOA products – Customer must notify COMPUCASE within 14 days upon receipt of the shipment. Any returns for credit within 30 days if granted will be subject to 15% restocking fee. **This form must be included with the returning package(s).**
All returns must be pre-approved and assigned an RMA number which is valid for 30 days. Returns without an RMA number will be refused

COMMENTS: