



RMA REQUEST FORM
 1200 Fulton Place
 Fremont, CA 94539
 Ph 510-249-1400 Fax 510-249-1430

RMA # _____

DATE _____

COMPANY NAME _____

CONTACT PERSON _____

ADDRESS _____

PHONE # _____

CITY _____ STATE _____ ZIP _____

FAX # _____

QTY	ITEM DESCRIPTION	SERIAL #	INVOICE #	INV DATE	PROBLEM/ REASON FOR RETURN

1. Please Fax a copy of Invoice with this RMA Form.
2. This RMA Form must be filled up with detailed description of the problem.
3. CPU's have limited warranty of 25 days.
4. Freight, Insurance and COD are charged extra and are non refundable.
5. Credit on Memory can be issued within 24 hours of purchase, other that 25% restocking fee.
6. No credit allowed after 7 days.
7. RMA # is good for _____.
8. RMA Dept is open Mon –Thu 10:30am – 2:00pm.
9. RMA Dept is closed on Friday.

Please do not write below **(For SIMMTEC use only)**

RMA # cannot be issued because _____

Received on _____

Returned on _____