

RMA Request Form

ComCapital, Inc. 5120W 125th Pl. Unit B Alsip, IL 60803 Tel: (708) 389-6715 ext. 241 Fax: (708) 389-6986 E-mail: rma@comcapital.net Date Granted

Expiring Date

RMA

Customer:	Company Name:	Date Requested:
Address (Street/City/State/Zip):		
Tel.:	Fax:	Contact Person:

For each line please choose one of the following: Repair, DOA or Credit

Item	Serial Number	Invoice	Invoice Date	Specific Problem Description	Repair	DOA	Credit

RMA Process Requirements

1. RMA forms must be fully completed and faxed back with matching invoice and all items must have a clear and specific problem description.

2. Incorrect Invoice Number, missing invoices, or no invoice copies will result in delays in issuing RMA number.

3. ,RflvtAnnsuanteenstancecea/iebfovithunbthasinterse daey will be returned to customer,

4. DOA parts have to be claimed from the vidatego full days urchase invoice.

5. Credit for defective items has to be claimed withing 10 days from the purchasing. Credit for

non-defective items will be subject to

a .restocking fee

6. All items shipped need to show clearly the RMA number on the package.

9. Any physical damage merchandise will void the warranty and is subject to service charges if rejected by the manufacturer.

Notes: