RMA Request Form

Adriana Sanchez - RMA FAX: 760-284-8013

Company:	**Request Date:**
Cust. #:	**Est. Ship Date:**
Contact:	**Return for (check one only):** ❑ **Repair / Replacement** ❑ **Credit on Account**
Phone: **Fax:**	

Qty.	TMC Item Name	Version	Cache	Serial #	Invoice #	Problem Description

T.M.C. is not responsible for any missing accessory on all RMA items.
Please indicate numbers of accessories you would like to purchase. This offer is only good for re-packing RMA items to original.
You will be invoiced for the authourized amount upon receiving the RMA items.

#s of Cable Set: _____ @ $2.00 **Total Amount: $_____**
#s of Manual: _____ @ $1.00 **Total Amount: $_____**
#s of Driver Diskette/CD: _____ @ $1.00 **Total Amount: $_____**
#s of Color Box: _____ @ $1.00 **Total Amount: $_____**

Authorized and Signed By: _____ Title: _____ Date: _____

Note: 1. Please attach a copy of the original T.M.C. invoice.
2. The RMA number assigned here is only valid for fifteen (15) calendar days from the date of issue.
3. Products received after fifteen (15) calendar days will be returned freight collect.

(For T.M.C. Use Only)
Approved By: _____ Date: _____
Processed By: _____ Date: _____ Assigned RMA #: _____
Canceled By: _____ Date: _____ Parts not received w/ 15 calendar days.