

Megaforce Computers Inc

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RMA REQUEST FORM

Company: _____ Date: _____

Address: _____

Telephone: _____ Fax: _____

Contact Person: _____ RMA#: _____

Email address: _____

ITEM PART#	INVOICE #	INVOICE DATE	QTY	S/N	PROBLEMS

Please fill in this RMA form and fax back with a copy of your invoice.
An RMA number will be issued by fax or email to you.
We cannot accept RMA item which are physical damaged or incomplete.
All products returned for credit must be in resaleable condition.

Received by: _____ Signature: _____ Date: _____

Customer Received by: _____ Signature: _____ Date: _____