



COMIX COMPUTERS INC.

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To:

RMA REQUEST FORM

RMA #:

Company Name: _____

Contact: _____

Request Date: _____

Phone Number: _____

Receiving Date: _____

Fax Number: _____

Item	Q'ty	Invoice#	Invoice date	S/N	Problem Description

Return for	Repair	Replacement	Credit	Need Xship
Xship Date		Invoice #		

RMA Policy:

1. Please submit a copy of the invoice with this Request for to avoid any delay.
2. There is a 25% restocking fee if returned for credit without proper reason.
3. RMA number will be voided after two weeks from issuing date.
4. RMA number must appear on the outside of the shipping box.