



TheBookPC.com, Inc.

4545 NW 103rd Ave., # 205 ♦ Sunrise ♦ FL 33351 ♦ Tel: (954) 742-2050 ♦ Fax: (954) 749-4995

RMA Request

Request Date: _____

Information given by the undersigned will be held in strict confidence and will be used solely by TheBookPC.com, Inc.

Please COMPLETE and fax with PURCHASE INVOICE to (954) 749-4995

Please check one – RMA Request For: Repair () Replacement () Credit ()*

Company Name: _____

Phone Number: _____

RMA

Address: _____

Fax Number: _____

City: _____

State: _____

Zip Code: _____

Date Issued: _____

Issued By: _____

RMA Procedure (Please Read Carefully)

1. Fax Completed Form to RMA Department at the fax # above along with proper matching invoices. Incorrect invoice #, no invoice #, or no copy of invoice will result in a delay in issuing an RMA #.
2. A clear and specific description must be given for each item.
3. Do not include in the shipment any other items other than that approved on the RMA request form.
4. RMA # is valid for 15 days only. Promptly ship the RMA items.
5. *RMA for Credit will be charged a 20% restocking fee as applicable.*
6. All product will be tested before being replaced, if found not to be defective a \$20.00 per item charge will be applied to your account for testing time.
7. All claims for physical damaged products must be made with in 48 hours of delivery.
8. RMA # must be clearly written on the shipping boxes. Without RMA #, the packages will be refused.

Item Code	Description	Serial #	Reason for RMA	Invoice #	Inv. Date

I have read and understand all of TheBookPC.com's RMA Procedures.

Customer Signature: _____ Date: _____

Internal Use only (Do Not Write In This Space)