



RMA Request Form - REPAIR

Section 1

Date of purchase: _____

Invoice # or order ID: _____

Unit S/N: _____ Unit Model: _____ Unit OS: _____

What's wrong with the unit? _____

Section 2

Company Name: _____ Contact Name: _____

Address: _____

Phone #: _____ e-mail address: _____

Section 3

for internal use

RMA # _____ Date Issued: _____ Date Received: _____

Tech Diagnosis: _____

Action Taken: _____

Return Tracking #: _____

Be sure to include a copy of this form with your return and ship to:

TheBookPC RMA Dept.
Attn: RMA # _____
1811 Sardis Road North
Suite # 214
Charlotte, NC 28270
954-742-2050