



RMA REQUEST FORM

3050 N Andrews Avenue Ext.
 Pompano Beach, FL. 33064
 Tel: (954) 772-5327
 Fax: (866) 860-3860

Date:
Sales Rep:

Company Name:		Contact Name:	
Address:		Email:	
City:	State:	Zip:	Phone: Fax

RMA # (to be provided by ICR)	ICR AUTHORIZOR:
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PRODUCT INFORMATION:			
QTY.	MODEL #	SERIAL #	DESCRIPTION OF PROBLEM (Please be specific)

Additional Notes: _____

Tech Notes: _____

For ICR Use Only

Date Received:	<input type="checkbox"/> Repair	<input type="checkbox"/> Replace	<input type="checkbox"/> Return To Stock	<input type="checkbox"/> Advance	<input type="checkbox"/> Other
Tested By: _____					
Invoice #/ Sales Rep _____		Date Shipped & UPS Tracking # _____			
Warehouse Resolved Signature: _____					