



12000 Ford Rd.
Dallas, TX 75234

RMA REQUEST FORM
PLEASE FILL FORM OUT COMPLETELY



RMA #: _____ Requested Date: _____

*Ticket Number: _____

Purchase/Invoice Date: _____

Purchased From: _____ Your Name: _____ Your Phone: _____

Your Company Name: _____ Company Email: _____

IDView Will Return Item(s) to:

Your Address: _____ City: _____ State: _____ Zip Code: _____

Attn To: _____

Email: _____ Your Phone: _____ Your Fax: _____

Have you contacted the tech support to trouble-shoot? _____ If Yes, Name of Tech: _____

QTY	Model #	Serial # (Must be complete & accurate for us to process your request)	Description of problem (Failure to include a detailed description will result in RMA request to be auto- declined)

REQUEST TYPE: (Please cross out box)

Return for repair : Return for credit :

Customer Comments:

Notes:

**** PACKAGES WITHOUT RMA NUMBER ON THE BOX WILL NOT BE ACCEPTED**
**** ENCLOSE A COPY OF THIS FORM IN THE PACKAGE AND SEND ALL RETURNS TO:**

CompuLan Center, Inc.,
Attn.: Repair department
12000 ford road, Suite 110
Dallas, TX 75234