D-Tech Consulting

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RMA Request Form

RMA #: _____ Date _____

COMPANY: _____
PHONE: ( )_____-_____
FAX: ( )_____-_____
EMAIL: _____

CONTACT: _____
ADDRESS: _____
CITY: _____
PROV.: _____
POSTAL: _____

Invoice #	Invoice Date	Item	S/N	Problem Description