



RETURN AUTHORIZATION

Print out this form, complete and email or fax back to us.

Compupoint USA llc, 6514 Warren Drive. Unit. 180. Norcross, GA 30093.

RMA NUMBER: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

=====  
ITEM #1:

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ DESCRIPTION: \_\_\_\_\_

SERIAL NO: \_\_\_\_\_ PURCHASE DATE: \_\_\_\_\_ INVOICE NUMBER: \_\_\_\_\_

DETAILED DESCRIPTION OF PROBLEM: \_\_\_\_\_

\_\_\_\_\_

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ITEM #2:

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ DESCRIPTION: \_\_\_\_\_

SERIAL NO: \_\_\_\_\_ PURCHASE DATE: \_\_\_\_\_ INVOICE NUMBER: \_\_\_\_\_

DETAILED DESCRIPTION OF PROBLEM: \_\_\_\_\_

\_\_\_\_\_

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ITEM #3:

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ DESCRIPTION: \_\_\_\_\_

SERIAL NO: \_\_\_\_\_ PURCHASE DATE: \_\_\_\_\_ INVOICE NUMBER: \_\_\_\_\_

DETAILED DESCRIPTION OF PROBLEM: \_\_\_\_\_

\_\_\_\_\_

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ITEM #4:

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ DESCRIPTION: \_\_\_\_\_

SERIAL NO: \_\_\_\_\_ PURCHASE DATE: \_\_\_\_\_ INVOICE NUMBER: \_\_\_\_\_

DETAILED DESCRIPTION OF PROBLEM: \_\_\_\_\_

\_\_\_\_\_

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