RMA (Return Material Authorization) Request

Core Tec Communications, LLC
421 Cornwall Road
Sanford, FL 32773
Phone: 407-331-0547
Fax: 407-331-0656 www.coretec.com

Date Requested: _____

(Office Use Only)

RMA #:_____

INSTRUCTIONS:

1. Please fill out entire form. Be sure to **INCUDE YOUR FAX NUMBER**.
2. Fax (no cover sheet required) completed RMA request form to (407)331-0656.
3. We will assign an RMA number and fax it back. Be sure to **INCLUDE YOUR FAX Number.**
4. Ship product to address above after receiving RMA number**.**
5. Include a copy of this completed form (with RMA number) inside box and print RMA number on outside of box.

Purchase Order #

_____

(Optional, If you have one)

REASON FOR RETURN: ❑ Repair ❑ Demo/Loaner Return Repair Other _____

Requestor Contact Name: _____ Requestor Contact Phone #: _____

Requestor Fax #_____

Ship To Name: _____ Return Address: _____

___ _____

___ _____

Bill To Name: _____ Billing Address: _____

___ _____

___ _____

Special instructions/Remarks:

Model Number	Serial Number:	Description of Problem/Remarks