



ATTN: RMA Dept.  
 rma@computercirculation.com

Phone: 760-724-2404 Fax: 760-724-8808

**RMA REQUEST FORM**

RMA # \_\_\_\_\_

RMA Type: **Replace**      **Credit**      **Refund**

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

QTY	Part Code	Invoice # and Serial #	Reason for Return

**Computer Circulation Center RMA Policy:**

1. Please submit a copy of the original invoice with this request form to avoid delay.
2. Computer Circulation Center must receive RMA item(s) within 7 days from RMA issue date.
3. RMA number must appear on the outside of the shipping box.
4. Computer Circulation Center is not responsible for making back-ups and/or loss of data.

Computer Circulation Center, Inc.  
 RMA DEPARTMENT  
 4040 Avenida de la Plata  
 Oceanside, CA 92056