

ACTICA RMA Request Form

IMPORTANT RMA PROCEDURES

1. Must complete the RMA form with **detailed problem** of the products provided.
2. All requests RMA must be accompanied by faxing the **original purchase invoice**.
3. RMA number is valid for **14 days** from the date of issue.
4. **Please write the RMA Number on the outside of your returning shipping box.**

Company: _____ **Contact:** _____

Return Address: _____

Tel : _____ **Fax:** _____

Email: _____

Actica Part Number	Lot No. (L/N)	Quantity	Invoice Number	Problem Description † CPU • Motherboard • BIOS Rev • Operation System

†It would be help and speed up the RMA processing if you can provide all the detail of problem in the system

Repair DOA Replacement Swap Return for Credit

Special Request: _____

Request Received By	Return For Credit 15% Restocking Fee: <input type="checkbox"/> Yes <input type="checkbox"/> No			RMA Number Issue
	Part Number	Quantity	Price	
Date:				Date: