

Techland Associates, Inc.

2786 Bayview Dr.
 Fremont, CA 94538
 Tel: (510) 979-8822 x122
 Fax: (510) 979-2110

Used by Techland only	
RMA #	
Date Issued	_____ / _____ / _____

RMA Request Form

Customer: _____

Date: _____ / _____ / _____

Address: _____

Tel: _____ - _____ - _____
 Fax: _____ - _____ - _____

Contact: _____

Qty	Part No.	Serial No.	Invoice No.	Invoice Date	Reason for Return
	Total Qty				

Note:

1. Please fax this request form to along with copy of the invoice to (510)979-2110.
2. Clearly mark the RMA number on your package when returning the merchandise.
3. This RMA is valid for _____ Days.

*** NO RETURN on opened software ***