

**RMA FORM**  
**MEMORY ONE**  
 2137 NW 79<sup>TH</sup> AVE  
 MIAMI, FL 33122  
 Ph: (305) 717-0967

Request for Return Merchandise Authorization RMA # \_\_\_\_\_  
 R.M.A form must be COMPLETELY filled out in order to be processed  
 DATE: \_\_\_\_\_

Company name : \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Acc# : \_\_\_\_\_  
 Acc Rep. : \_\_\_\_\_  
 Your Name: \_\_\_\_\_

ITEM - DESCRIPTION	QTY	INV#	INV DATE	LABEL#	LABEL DATE

All information required can be found on our invoice.  
 All correspondence regarding R.M.A's should be sent to the RMA Department directly.  
 Fax completed form to **FAX # 305-392-6796 only**.  
 After RMA is received please allow us 30 days for processing.

No package can be accepted without written current RMA # displayed on outside of package. Ship via traceable carrier and property insure package. RMA expires after 14 days. Please refax to obtain a new number if this occurs. A charge of .25cents per module will be assessed for unauthorized stickers left on modules. **Warranty voided if Memory One label is removed. Unauthorized or damaged products will be returned to customer.**

Thank you for your cooperation.  
 RMA Dept.