

RMA FORM
MEMORY ONE
 2137 NW 79TH 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.