RMA No:_____

RETURNS FORM

r a m e s s e s

Design House,
3 Hanover Avenue,
LEEDS, LS3 1BG, U.K.

COMPANY NAME: **DATE:**

TEL:

FAX: **CONTACT:**

Invoice Number	Invoice Date	Item	Quantity	Brand	Description of Fault	Serial Number

Phone: +44 0113 243 8400 Fax: +44 0113 246 7240

PLEASE NOTE: ALL SERIAL NUMBERS MUST BE PROVIDED AND A SEPARATE FORM USED FOR CPUS AND MEMORY
ALSO COMPANY MARKINGS/STICKERS ON MEMORY MUST BE REMOVED