

SerialComm
 1933 Highway 35
 Suite 105-365
 Wall Township, NJ 07719

RMA NUMBER REQUEST FORM

Please fill out this form as complete and as clearly as possible:

RMA Number	
Authorized by	

Company Purchased From: Jeddy Ventures LLC *Order Number:* _____ *Date Of Purchase:* _____
Customer Name: _____ *Contact:* _____ *Phone Number:* _____ *Fax Number:* _____
Customer Address: _____ *City:* _____ *State:* _____ *Zip:* _____
Customer Email Address: _____
Cross shipment _____ *Credit* _____ *Repair/Replacement* _____ *Missing* _____ *Upgrade* _____

Item #:	Item Description	Qty.:	Problem Description:

Please fillout carefully and fax to 732-749-3598

Customer Signature: _____ *Date:* _____ *thank you for your cooperation, SerialComm*