



10200 SW Eastridge Street, Suite 105, Portland, Oregon 97225
Phone: 503 626 2291 Fax: 503 643 5379 www.cfriends.com

Return Merchandise Authorization Number Request Form

RMA TYPE (check one): Return for In-Store Credit Return for Exchange
 Return for Refund Return for Repair/Replacement
 Advanced Replacement/Return

CFI Order/Ticket #:

CONTACT INFORMATION		
Name:		
Telephone Number:		
Email Address:		

SHIPPING ADDRESS		
Name:		
Company:		
Street Address:		
City:	State:	Zip:

BILLING ADDRESS		
Name:		
Company:		
Street Address:		
City:	State:	Zip:

Please list the item(s) that you would like to return below, one item per line.

	Part Number	Qty	Describe Condition
Line 1			<input type="checkbox"/> Unopened, sealed in original packaging <input type="checkbox"/> Opened
	Reason for Return:		
Line 2			<input type="checkbox"/> Unopened, sealed in original packaging <input type="checkbox"/> Opened
	Reason for Return:		

(continued on next page)

Line 3			<input type="checkbox"/> Unopened, sealed in original packaging <input type="checkbox"/> Opened
	Reason for Return:		
Line 4			<input type="checkbox"/> Unopened, sealed in original packaging <input type="checkbox"/> Opened
	Reason for Return:		
Line 5			<input type="checkbox"/> Unopened, sealed in original packaging <input type="checkbox"/> Opened
	Reason for Return:		

If RMA is requested for exchange, fill in the items desired below.

Part Number/Description	Qty	Price

Billing and Shipping Information (if different from above)

Name:
Company:
Street Address:
City: State: Zip:
Credit Card: Exp. Date:

I have read, understood and agree to be bound by the Terms and Conditions of Sale (see <http://www.cfriends.com/terms.htm>) and the Return Policy currently in effect (see <http://www.cfriends.com/returns.htm>).

Your request must be signed and faxed to (503) 643-5379 or mailed to the address above and we will process it. A response will be emailed to you. It is the responsibility of the customer to ensure receipt of this form by Computer Friends, Inc.

Signed: _____ Date: _____

Name (please print): _____

Fax this form to 503 643 5379 and it will be processed promptly.

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