



RMA Request Form

KB PC Support
1039 Prospect Ave. S.W.
Canton, Ohio 44706

RMA Dept. Phone (330) 580-9232
RMA Dept. Fax (330) 437-0121

Name _____ Company _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Contact Person _____ Date _____

For RMA Use ONLY!
RMA # _____
Issue Date _____
Total Pieces _____
Issued by _____

Complete this form and fax it along with a copy of your purchase INVOICE to (330) 437-0121

IMPORTANT RMA PROCEDURES

1. Please complete the RMA form with a detailed description of the product defect.
2. FAX this completed RMA form with a copy of the original purchase invoice to (330) 437-0121
3. All RETURNING product serial numbers MUST MATCH with original invoice.
4. The RMA dept. will FAX back to you an RMA number, or DENIAL within 48 hours.
5. ONLY after receiving an RMA number may you return your defective product to Love, Inc.
6. Your RMA NUMBER is ONLY VALID FOR 15 DAYS from the date of issue for receipt.
7. Please clearly display the RMA NUMBER on the outside of your shipping box.
8. All returned product MUST be SHIP VIA a TRACEABLE carrier.
9. *It is YOUR RESPONSIBILITY to PROVIDE a TRACKING NUMBER upon request.*

IT IS THE CUSTOMERS RESPONSIBILITY TO CALL THE RMA DEPT. IF NO RESPONSE WAS RECEIVED WITHIN 48 HOURS OF FAXING THIS REQUEST FORM TO KB PC Support.

QTY	ITEM	SERIAL NUMER	INVOICE # AND DATE	PROBLEM DESCRIPTION

Special Request/Notes:
FOR KB Printer & Computer Support RMA USE ONLY:

Return of non-defective products are subject to a 15% restocking fee.
Expired return authorizations can not be re-issued

<http://kbpcsupport.com/rmaform.html>