Lifetime Memory Products, Inc. - RMA Request Form

Please email completed form to rma@lifetimememory.com or fax to 949-794-9023

Please leave gray areas blank

RMA# _____   Date _____

Company _____

Contact _____   Ship to Address for Replacement

Phone # _____

Fax # _____   _____

Customer # _____   _____

_____

RMA Request for: Replacement   **O**

Please call your sales rep for non-replacement RMA's

Was product purchased from Lifetime?   Yes **O**   No **O**   Where? _____

RMA: Part #	Invoice #	Date Purchased
1 ( ) _____	_____	_____
2 ( ) _____	_____	_____
3 ( ) _____	_____	_____
4 ( ) _____	_____	_____
5 ( ) _____	_____	_____

Reason for Return & Computer Model Used in: _____

_____

BOTTOM PORTION TO BE FILLED IN BY LIFETIME

Received RMA Via: **O** UPS Ground   **O** USPS Express Mail   **O** Other

If other please include your freight collect and method   _____

Shipped on Airbill #

_____

Freight paid by: Customer **O**   Lifetime **O**   Date received _____

Product to be Replaced to Customer:

1 ( ) _____	_____	_____
2 ( ) _____	_____	_____
3 ( ) _____	_____	_____
4 ( ) _____	_____	_____
5 ( ) _____	_____	_____

_____

Approved by _____   Processed by _____