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Description automatically generated

**RMA REQUEST FORM**

In order to expedite the processing of your RMA number, pleaser fill out this form completely and email to [support@tecchnitysolutions.com](mailto:support@tecchnitysolutions.com). Once your RMA request is processed, we will return your form with a Return Merchandise Authorization number via e-mail.

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| --- | --- | --- | --- |
| Company Name: |  | Telephone: |  |
| Shipping Address: |  | Fax: |  |
| Email: |  |
| Claim Date: |  |
| Contact: |  | Your Ref: |  |
| Total PCS: |  | RMA#: |  |

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| --- | --- | --- | --- | --- | --- |
| **QTY** | **MODEL NAME/**  **SKU NUMBER** | **INVOICE NUMBER** | **SHIPMENT DATE** | **UNIT PRICE** | **REASON FOR RETURN** |
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NOTE: THE DETAILS PLEASE REFER TO OUR RMA POLCIY AND REPAIR PROCESS.

**Technity Solutions Inc.**

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