



Returned Merchandise Authorization RMA

Note - Please email your completed form to: rma.cti@cornet.com

6800 Versar Center, Ste. 118
Springfield, Virginia 22151
(703)-658-3400
Fax (703) 658-3440

Client: _____

Date: _____

Bill to: _____

Ship to : _____

Initiator: _____

Expedite Using Courier Acct # : _____

Contact 1 _____
Contact 2 _____

Phone #: _____
Phone #: _____

e-mail: _____
e-mail: _____

Item Number	Manufacturing Part Number	Item Description	Serial Number	---- For Internal Use Only ----	
				Original Ship Date	Date Received
1					
2					
3					
4					
5					

Customer Complaint

Do Not Fill In Below This Line

Billable: _____
P.O.# : _____
P.O. Date : _____

Warranty: _____
Replacement: _____

Credit / RTS: _____
Rework/Repair: _____

Problem Found

Action Taken

Final Disposition
Name: _____ Date: _____ Returned to: _____