

# FTM Computech

## *Returned Merchandized Authorization Form*

ITEM 1:	REASON OF RETURN:	SERIAL NO.:
ITEM 2:	REASON OF RETURN:	SERIAL NO.:
ITEM 3:	REASON OF RETURN:	SERIAL NO.:
ITEM 4:	REASON OF RETURN:	SERIAL NO.:
ITEM 5:	REASON OF RETURN:	SERIAL NO.:
ITEM 6:	REASON OF RETURN:	SERIAL NO.:
ITEM 7:	REASON OF RETURN:	SERIAL NO.:
ITEM 8:	REASON OF RETURN:	SERIAL NO.:

**Company Name:**

**Company Address:**

**Telephone no.:**

**Fax no.:**

**Date: 2008-05-23**

**RMA NO. 1:**

**RMA NO. 2:**

**RMA NO. 3:**

**RMA NO. 4:**

**RMA NO. 5:**

**RMA NO. 6:**

**RMA NO. 7:**

**RMA NO. 8:**

Please have the complete RMA form fax to 416-840-9185 or email to [contactus@ftmcom.com](mailto:contactus@ftmcom.com) . We will fax the RMA no. back within 48 hours.