



RMA REQUEST FORM

Section 1:

Page 1 of ____

Contact: _____ Customer # _____

Phone # (____) _____ - _____

Fax # (____) _____ - _____

Company: _____

Address: _____

Request for: ☐ Credit ☐ Replacement

E-Mail address: _____

Section 3: Cut out this box
and use as shipping label.

RMA NUMBER:

Computer Network Accessories, Inc.
1712 Springfield Street
Dayton, Ohio 45403
1-800-516-1262

Notes/Remarks

Section 2:

CNA Part #	Qty	Invoice #	Date	Symptom(s)
1.				
2.				
3.				
4.				
5.				
6.				

Please note the following:

1. Complete sections 1 & 2 and fax to 1-800-236-5672 or E-mail to rma@gocna.com
2. Customers will be notified by fax or E-mail with RMA number.
3. Return for credit WILL NOT be given after 30 days from date of purchase.
4. Items being returned for credit must be in "like new" condition. (including original packaging, manuals, cables, and disks). Customer is responsible for shipping charges on returned items.
5. Missing parts, defaced, or not "like new" products will be rejected or an additional restocking fee will apply.
6. Items under Warranty may be replaced / repaired up to one year from original invoice date.
7. Print RMA # clearly on all mailing labels and shipping boxes. No cross shipping.