



OFFICE FURNITURE

RMA REQUEST FORM

A. INFORMATION REQUIRED

RMA \_\_\_\_\_

DATE: \_\_\_\_\_  
MM/DD/YR

	Compel Office Furniture		
COMPANY NAME	SHIP TO COMPANY NAME		
	7540 W. Roosevelt Rd.		
ADDRESS	SHIP TO ADDRESS		
	Forest Park, IL 60130		
CITY STATE ZIP	CITY	STATE	ZIP
	773-253-4758		
PHONE	PHONE		
	Compel Shipping Dept.		
CONTACT	CONTACT		

B. PRODUCT INFORMATION REQUIRED:

Incorrect Item     Warranty Repair     Even Exchange     Return for Credit; 25% Re-Stock Fee Applies

Compel Sales Order#	Date of SO:	Item Code	QTY	Reason For Return

C. SPECIAL INSTRUCTIONS:

- ITEMS MUST BE RECEIVED UNOPENED IN THE ORIGINAL BOX & TAGGED WITH THE RMA# PROVIDED ONCE SIGNED FORM IS RECEIVED
- Compel is NOT responsible for freight charges &/or freight arrangements
- Requires complete description & photos of damaged/defective items to determine appropriate corrective action
- 25% Re-Stock Charge is applicable
- Please email this completed & signed RMA form to: [customercare@compeloffice.com](mailto:customercare@compeloffice.com)

<i>Customer Signature:</i>	<i>Date:</i>
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<b>**For internal use only:</b>	
Received by:	Date: DD/MM/YEAR
Inspected by:	Date: DD/MM/YEAR
Notes:	