



RMA (Request) Form

RMA Number _____

Credit Repair Account Number _____ Date: ___/___/___

Company Details: Contact _____
Company _____
Address _____

Phone No _____
Email _____

Product Details:
Date of Purchase _____ Order/Invoice No. _____

Product 1: _____ 2: _____
3: _____ 4: _____

Serial Number: _____ Password if DVR _____

State if downloaded footage required from a DVR:
(Please not we cannot guarantee any footage retrieval)

Detailed reason for return:

Northwood Report Date: _____ **Returns No.** _____

Action Taken: _____

Signed: _____

Please note an RMA number will only be issued once this completed form is returned.

