

# Return Merchandise Authorization/ Warranty Claim Form

<b>RMA #</b>	
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*to be provided by LED Source*

*Either call for RMA # or submit ONLY the form and LED Source will return with issued RMA #, then include in box with product(s).*

Contact Information		<input type="checkbox"/> Shipping address is same as contact address (if different address enter below).
Company		
Address 1		
Address 2		
City/State/Zip		
Contact Name		
Phone		
Email		

<b>PO #</b>		<b>Delivery Date</b>	
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Returned Product Information			
Product Part Number and Description		Serial/Lot #	Failed Qty
1			
2			
3			

Describe Issue(s)/Reason(s) for Return	
1	
2	
3	

<p><b>RMA/Warranty Claim Form Instructions</b></p> <p><b>Step 1:</b> Either call LED Source for RMA # or submit ONLY the form and LED Source will return with issued RMA #.</p> <p><b>Step 2:</b> Write the RMA # on the outside of the box.</p> <p><b>Step 3:</b> Place the completed form in a box with failed product(s) and ship to: 1110 Sligh Blvd., Orlando, FL 32806.</p> <p><i>Upon receipt of the RMA/Warranty Claim Form (and accompanying product), LED Source will evaluate the product and provide notification within six business days regarding whether or not the damages are covered under warranty. Any damages covered will be repaired by LED Source and returned within 14 business days. Damages not covered by the warranty will be quoted for repair including time, labor, and return shipping.</i></p>
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**THIS PAGE FOR LED SOURCE USE ONLY**

<b>Date Received</b>	
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<b>Observations Upon Arrival</b>

<b>Diagnostic Results</b>

Recommended Actions	Products Needed	Labor Needed (in hrs.)	Warranty
			Yes/No
			Yes/No
			Yes/No
			Yes/No
			Yes/No
			Yes/No