

Item Code(s): _____

PO Number (if applicable): _____

LightForm Sales Order/Quote Number: _____

Tracking Number: _____

Delivery Date: _____

Describe the Problem: _____

Ship-to Address for approved replacements (include site contact name and number):

WHEN YOU SUBMIT THIS CLAIM FORM, PLEASE ALSO INCLUDE PHOTOS OF THE FOLLOWING:

- All damages on all parts that are involved in the claim (mandatory)
- The labels of each box related to the fixture in question
- The interior of the box, including the packaging (min: one photo), and the exterior of the box, highlighting any damages to the packaging (min: two photos).

IMPORTANT

1. Please don't install the fixture if there are obvious damages, as inspection may be required in certain cases. Installing a damaged fixture voids a claimant's right to a claim.
2. If there are any concerns with the fixture, please ensure you do not dispose of either the fixture or the packaging materials (box included).

Name of Claimant: _____ Date: _____

By submitting this document, the claimant accepts that a claim not submitted within 48 hours of delivery can be refused without further explanation.

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