

Item Code(s): _____

PO Number (if applicable): _____

LightForm Sales Order/Quote Number: _____

Tracking Number: _____

Delivery Date: _____

Describe the Problem (including attempted troubleshooting steps):

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

WHEN YOU SUBMIT THIS CLAIM FORM, PLEASE ALSO SUBMIT PICTURES OR VIDEOS (AS APPLICABLE) OF THE FOLLOWING:

- Any item parts that are involved in the claim (mandatory)
- Labels included on the defective product (e.g., driver labels, fixture batch numbers, etc.)

IMPORTANT

1. Do not dispose of the fixture in question unless written approval to do so is provided.
2. Damages are not defects. Visible damage to a fixture must be reported within 48 hours of delivery. Defects include, but are not limited to, flickering lights, lights that do not turn on, failed drivers, etc.

Name of Claimant: _____ Date: _____

By submitting this document, the claimant accepts that a claim not submitted within 1 year of delivery can be refused without further explanation. The claimant also accepts that modifying or installing the fixture in any way not suggested by the installation instructions will void the warranty. The claimant also accepts that neither the manufacturer nor LightForm will be responsible for any labour fees incurred in the troubleshooting/repair process. The claimant also accepts that regular wear and tear are not claimable defects.

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