



**INTERNAL USE ONLY**

## RETURN MERCHANDISE AUTHORIZATION FORM

RMA No.:	_____
Reference No.:	_____
Claim No.:	_____

**Please read the following conditions carefully:**

1. After completing this form and upon approval, an RMA # will be issued your reference
2. Warranty replacements may be claimed, providing credit is in good standing with EEL
3. Only drivers, ballasts or modules that are still within the warranty period will be accepted.
4. Refunds are issued with return shipment at customer's expense only.
5. Returns must be unused, in original packaging and are subject to a 25% restocking fee.
6. Please note that we are unable to ship to post office boxes.
8. Incomplete or vague information will cause delays or rejection of the warranty claim.
9. Defective products will be replaced only and not credited to an account.
10. Returned product tested and found not defective will be billed at original selling price.
11. Where requested, defective product must be returned within 14 days or original cost of product will be invoiced to the claimant.

**Completed parts **A** - **C** and send to address below:**

**A** DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

YOUR CONTACT EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ PROV/STATE: \_\_\_\_\_ CODE/ZIP \_\_\_\_\_

**SHIPPING ADDRESS (IF DIFFERENT FROM ABOVE)**

COMPANY NAME: _____	CONTACT NAME: _____	PHONE: _____
ADDRESS: _____	CITY: _____	PROV/STATE: _____ CODE/ZIP _____

**B** CHECK ONE BOX  Warranty Replacement  Defective Product  Credit  Repair  Other

Give brief reason for RMA request on this product: \_\_\_\_\_

**C**

PO NO.	MODEL/PART NO.	QTY.	DATE CODE (MANDATORY)

**D** OPTIONAL INFORMATION Answering the pertinent questions below will speed up RMA turnaround.

If necessary please describe more fully the fixture problem. EG: flashing/partially out/ fully out, etc		_____
Approximately what date this purchased made:		_____
Approximately what date this fixture installed:		_____
Approximately what date did the fixture first fail after installation		_____
To help assesment, I am attaching a photo with this form	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Email form to RMA@eelighting.ca or  
fax to EEL (905) 415-8872 or (905) 940-0338 /  
toll-free (855) 415-8872 or (866) 733-8831

I acknowledge that I have read the conditions 1-11 on this form;  
understand and agree to abide by them.

SIGNATURE: \_\_\_\_\_

PRINT : \_\_\_\_\_