



ASSISTANCE
RMA form
Return material authorization

Date:

CUSTOMER COMPILATION

Company name:

Referent Name:

Compilation date:

Email:

Phone:

Product:

Serial number:

Defects found:

Product:

Serial number:

Defects found:

Product:

Serial number:

Defects found:

Signature:

Attention: to obtain the RMA number you must fill in all the fields.

Do not use this form for more than three products.

Send this form via email to info@luxled.it. Please wait for instructions from LUXLED for shipping the goods. Write the RMA number on the transport document.

LUXLED is not responsible for products received without the RMA form correctly completed and with the assigned number.

RMA NUMBER ASSIGNED

SECTION RESERVED TO LUXLED

SALE DATE

REPARATION DATE

ENTRY DATE

SHIPMENT DATE

Defects found item 1:

Defects found item 2:

Defects found item 3:

Substituted parts item 1:

Warranty:

Substituted parts item 2:

Warranty:

Substituted parts item 3:

Warranty:

Note

Operator:

Date:

Signature :