



ASSISTANCE
RMA form
Return material authorization

Date:

CUSTOMER COMPILATION

Company name:

Referent Name:

Email:

Compilation date:

Phone:

Product:

Defects found:

Serial number:

Product:

Defects found:

Serial number:

Product:

Defects found:

Serial number:

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. Send the product to: LUXLED - VIA ROMA, 8 - 25080 MONIGA D/G (BS) - 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:

Substituted parts item 2:

Substituted parts item 3:

Warranty:

Warranty:

Warranty:

Note

Operator:

Date:

Signature :