

Warranty Claim Form



WC#	
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Note: Please put WC# on outside of package being returned

Issued Date:		Void Date:	
Custom Name:		Attention:	
Salesperson/Sales Reps:			

Warranty claim form only applies to defective or damaged merchandise claim.

Reason/Other:
1. How long was the product installed before it failed? _____
2. What was the application and where was the unit(s) installed? (i.e Warehouse, wet locations, Etc.): _____
3. Were the unit(s) installed with a dimmer, photocell or any types of controller? _____

Warranty Claim Action Plan:

<input type="checkbox"/> Replacement Driver	Ship Replacement To: (will default to original PO ship location if none given)
<input type="checkbox"/> Replacement LED	Company name:
<input type="checkbox"/> Replacement Parts	Address:
<input type="checkbox"/> Repairing	Attn:
<input type="checkbox"/> *Replacement fixture	Phone:
<input type="checkbox"/> Others	

*Approval of replacement Fixture requires a detail reason and proof of the unrepairable damage.

QTY	Item SKU	Invoice/PO#	Sold Price	Subtotal	Reason for Warranty Claim	Return Require
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

Notes (For LIRON)	*Failure to return the products will result in charged for the full price of the replacement product. Please call 833-875-4766 for any questions regarding this return.
Authorized By: (For LIRON)	

Please write WC # on the outside of package being returned. Package without WC # will be refused

You are authorized to return the above items for the reasons stated.
 All items must be in original carton unless material is defective or approved by LIRON LIGHTING

THIS IS NOT A CREDIT. DO NOT DEDUCT FROM YOUR PAYMENT. VOID AFTER 45 DAYS.