

Warranty Replacement Form (ASIA)



Telephone: 86 21 6485 5330 x2060

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Advance Use Only RA #: _____ Date: _____

Name of Installation _____

City _____ State _____ Zip Code _____ Date of Installation _____

I am the: Distributor Contractor End-User OEM Manufacturer's Rep.

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Phone: _____ Fax: _____

E-Mail Address _____

Catalog Number	Total # Installed	# Not Working	# Failed On Install	Ballast Date Code

Description of Problem - Type of Installation: New Installation Retrofit Other

Lamp Manufacturer & Type of Lamps: _____

Fixture Manufactured by: _____

Type of Fixture: _____

Requested Action(s): Send Replacement Ballasts Contact for Assistance

Ship Replacement Ballasts to: Same as above

Company: _____

Address _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Phone: _____ Fax: _____

E-Mail Address _____