

# Warranty Replacement Form

(MEXICO, CENTAL AMERICA and SOUTH AMERICA)



Telephone: 52 55 5312 9430

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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 \_\_\_\_\_