



Warranty Replacement Form-(CANADA)

Preferred Language: English French

Fax: (905) 201-4908

Philips 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: _____ Prov: _____ Postal 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: _____ Prov: _____ Postal Code: _____

Contact: _____ Phone: _____ Fax: _____

E-Mail Address _____

Philips Advance Acknowledgement
Replacement ballasts will be shipped to the address above.
Estimated date of delivery: _____
A Philips Advance Technical Representative will call to investigate further.
Min Kudo - 416.561.7588