

RMA SUBMITTAL

noribachi

*FORM IS REQUIRED IN BOX FOR ALL RETURNS

Customer: _____ Date of Submittal: _____

Ship To Address: _____ Job Number / PO#: _____

Date of Installation: _____ Date of Failure: _____

Product Code: _____ Quantity: _____

Description of Failure:

Voltage Input: _____ Hours in Operation: _____ Ambient Temperature: _____

Environment: Indoor Outdoor Wet Location YES NO

Voltage Measurement at Fixture Location: _____

List of Additional Machinery on Line: _____

Describe Location of Failed Fixtures: _____

Description of Application (ex. warehouse, sports arena, parking lot, etc.):

Installer Name: _____ Email: _____

Name: _____ Title: _____