

Document ID	Form		
FO100	RMA Request Form		

Customer Information

Company:	0	ffice Phone:		
Address:				
City:	State:		Zip:	
Contact Person:	Email:			

Product Information

Invoice Date	Invoice No.	Qty	Ordering No. (5 Digits) or Description	r Item	Unit Price	Problem/Reason for Return		
☐ Brand New: Product is new, sealed in its factory packaging								
☐ New Open Box : Product is new, either in resealed factory packaging or replacement packaging								
\square Used : Product has been removed from a working system and may have minor cosmetic defects								
Please Select One: Replace ☐ Credit ☐								
Customer Name (F	Print)		Approve	d By (P	rint)			
Customer Signatu	re		Approve	d By Sig	gnature			
FOR INTERNAL USE ONLY								

*If returns are not received by "Good Until" date, customer will be billed for replacement items sent or will not be issued a credit memo.

Replacement SO:

Replacement Sent:

Good Until:

All returns must be made within 30 days from initiating RMA and must be approved by LED Phantom. Returned merchandise must be in original packaging and in resalable condition. Special order merchandise cannot be cancelled or returned. No return will be accepted without this form. Please fill out this form completely and return to us. Once your RMA request is approved, we will return your form with a Return Merchandise Authorization number via e-mail. Please make sure to read our return policy at www.ledphantom.com/Policies





Return Received:

Credit Amount:

Restocking Fee:

RMA#:

Authorized by:

Issued on: