

Warranty Claim Form

Product defect

Date of claim: ____/____/____ Claim Number: _____

Name of claimant: _____ Company (If Applicable): _____

(Call 1800 LED NOW to obtain claim number)

Product Code:	Qty.	Purchase Order No	Invoice No.

(Please provide as much information as possible and if a section is irrelevant please mark 'N/A')

Description of product fault/defect:

Signature: _____ Contact phone number: _____

*A representative from Southern LED Solutions will contact you in regards to your claim before it is processed

** Please submit all claim forms via email or post

Office Use Only:

Inspection Date: _____ Defect Summary: _____

Inspected By: _____

Claim Approved: Yes / No _____

Replacement Issued: Yes / No Signature: _____

(If anything other than a replacement please attach details)