

# RETURN REQUEST FORM



## Distributor

Company name:		Contact :	
Address :			
City :	Province :	Postal code :	
E-mail :		Telephone :	

## Order

PO number on which the product was purchased :			
Line number on the PO for the 1st item to be returned :		Quantity to return :	
Line number on the PO for the 2nd item to be returned :		Quantity to return :	
Line number on the PO for the 3rd item to be returned :		Quantity to return :	
Line number on the PO for the 4th item to be returned :		Quantity to return :	
Line number on the PO for the 5th item to be returned :		Quantity to return :	
Line number on the PO for the 6th item to be returned :		Quantity to return :	

## User

Company name:		Contact :	
Address :			
City :	Province :	Postal code :	
E-mail :		Telephone :	

## Product

Date of purchase :		Installation date :	
Description of the problem / reason for the return :			

## FOR LED123 USE ONLY\*

### Return authorization

LED123 Representative name :			
RMA number :		Issued date :	