



WARRANTY REPLACEMENT CLAIM FORM

For Internal Use Only
RMA #:

DATE: _____ I am the: Distributor: Contractor: OEM: End-User: Other _____

COMPANY: _____ CONTACT: _____ EMAIL: _____

ADDRESS: _____ CITY: _____

PROV/STATE: _____ POSTAL/ZIP CODE: _____ PHONE: _____ FAX: _____

ULTRASAVE MODEL #	USE OF OCCUPANCY SENSORS	APPROX. DATE INSTALLED	TOTAL # INSTALLED	# NOT WORKING	BALLAST DATE CODE
					Mandatory
					Mandatory

PROJECT NAME: _____ TYPE OF INSTALLATION: New Installation Retrofit Other

PROBLEM DESCRIPTION: _____

FIXTURE: MANUFACTURER: _____ TYPE OR MODEL: _____

LAMPS: MANUFACTURER: _____ TYPE OR PART #: _____

SHIP REPLACEMENT BALLASTS TO: Same as above: OR COMPANY: _____

CONTACT: _____ EMAIL: _____

ADDRESS: _____ CITY: _____

PROV/STATE _____ POSTAL/ZIP CODE: _____ PHONE: _____ FAX: _____

CUSTOMER SITE INFO: Same as above: OR COMPANY: _____ Contact Name: _____

ADDRESS: _____ PROV/STATE: _____ POSTAL/ZIP CODE: _____ PHONE: _____

Contractor Info: Name: _____ Phone: _____ Email: _____

Please read the following instructions carefully:

- Ballast date codes are required to validate a claim. Refer to: <http://www.ultrasave.ca/warranty.htm> to find date code location on the ballast label.
- Please note we are unable to ship to post office boxes. Incomplete information may cause delays in processing or rejection of the warranty claim.
- Only ballasts that are still within the warranty period will be accepted. Refer to: <http://www.ultrasave.ca/warranty.htm> for more information regarding your product warranty.
- Ultrasave will at its option, advise, by notification & issue an RMA#, require return of the defective material at our expense.
- Warranty replacements are offered only in the condition that there are no outstanding credit issues with Ultrasave.
- For problem description, please be as specific as possible. Do not only write "defective", "not working", or "fail".
- Complete this warranty claim form and email it (preferred) to product@ultrasave.ca or fax it to Ultrasave Lighting Limited (905) 940-0338 / toll-free (866) 733-8831**

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Claim #