

Return Authorization Request

1. Ship-to Name: _____ Customer PO#: _____
Contact Person: _____ Invoice#: _____
Address: _____ Phone: _____
City, State, Zip: _____ Fax: _____

2. Model Number to be Returned:	Date Code	UPC/Bar Code#	Quantity to Return
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Reason for Return: Defective Stock Return (skip to #7)
Requesting: Credit Replacement Labor*
* If requesting labor, a labor invoice must be faxed referencing the RGA Number

4. Job site/Job Name: _____
Contact Person: _____
Address: _____
City, State, Zip _____

5. Please describe the nature of the failure:

6. Description of Installation:
A. Estimated installation date: _____ Estimated Failure Date: _____
B. Original installation quantity (Total): _____
C. Was the installation a new fixture or retrofit? _____
D. Who was the fixture manufacturer? _____
E. Who was the lamp manufacturer? _____
F. Who was the ballast manufacturer? _____
G. Was the ballast remote mounted? _____
If yes, was the ballast mounted within 15' of the fixture? _____
H. Was an occupancy sensor used with this ballast? _____

7. Please give the reason for the stock return:

