



**ASSISTANCE  
RMA FORM  
Return good authorization**

Date:  
Sheet: 1/1  
Doc: N.C.

**SPACE RESERVED TO THE CLIENT**

Company address and name \_\_\_\_\_

Product \_\_\_\_\_ Serial number \_\_\_\_\_

Product \_\_\_\_\_ Serial number \_\_\_\_\_

Product \_\_\_\_\_ Serial number \_\_\_\_\_

Fault description \_\_\_\_\_

Fault description \_\_\_\_\_

Fault description \_\_\_\_\_

Operator name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

**Attention: to obtain the RMA number is necessary to fulfill all the fields,**

**Do not use this form for more than three products**

Pls send this form per mail to : [info@luxled.it](mailto:info@luxled.it).

Despatch the product to : LUX LEDLIGHTING – Via Caselle, 7/A – 25081 Bedizzole (BS)

Pls report the RMA number on the delivery note.

**Lux Ledlighting does not respond of products received without the RMA form correctly fill out and without RMA number.**

**ASSIGNED RMA NUMBER**

**SPACE RESERVED TO LUXLED**

Sale date \_\_\_\_\_ Reparation date \_\_\_\_\_

Arrive date \_\_\_\_\_ Shipment date \_\_\_\_\_

Fault description \_\_\_\_\_

fault description \_\_\_\_\_

fault description \_\_\_\_\_

Parts substituted\* \_\_\_\_\_ S/N \_\_\_\_\_ Warranty\*\* \_\_\_\_\_

Parts substituted\* \_\_\_\_\_ S/N \_\_\_\_\_ Warranty\*\* \_\_\_\_\_

Parts substituted\* \_\_\_\_\_ S/N \_\_\_\_\_ Warranty\*\* \_\_\_\_\_

Note: \_\_\_\_\_

Operator name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

\* For the power supplies pls provide the serial number

\*\* Write YES or NO