



P.L. LIGHT SYSTEMS
THE LIGHTING KNOWLEDGE COMPANY



RETURN MATERIAL AUTHORIZATION FORM (RMA)

Use one form by fixture

DISTRIBUTOR INFORMATION

Contact: _____

Company: Biofloral

RETAILER INFORMATION

Contact: _____

Company: _____

Tel.: _____

FIXTURE INFORMATION

Model: _____

MO#: _____

Date of fabrication: _____

CHECK LIST	RETAILER		DISTRIBUTOR	
	YES	NO	YES	NO
Did the fixture function properly ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the fixture been tested with a new bulb ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the fixture have signs of damage, abuse of misuse ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the fixture complete with all its components ? (wire, reflector, bulb, fixture)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Problem description: _____

