

McWong International Inc Only RGA#: _____

Date: _____



Warranty Replacement Form

Telephone: (916) 371-8080 Fax: (916) 371-6666

Name of Installation: _____

City: _____ State: _____ Zip Code: _____ Date of Install: _____

I am the: Distributor Contractor End User OEM Manufacturer's Rep.

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Phone: _____ Fax: _____

E-mail Address: _____

Catalog Model Total Qty Installed Qty Not Working Qty Failed on Install Product Date Code

Catalog Model	Total Qty Installed	Qty Not Working	Qty Failed on Install	Product Date Code

Note: Please retain all units for return to Pacific if requested.

Description of Problem - Type of Installation: New Retrofit Other

Lamp Manufacturer & Type of Lamps: -

Fixture Manufactured by: _____

Type of Fixture: _____

Requested Action(s): Send Replacement Product Contact for Assistance

Ship Replacement Product to: Same as Above

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Phone: _____ Fax: _____

E-mail Address: _____