

## Consumer Warranty Request Form

Contact Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Return Authorization (RA) Number: \_\_\_\_\_ *(Note: You must obtain an RA # PRIOR to returning product.)*

Date Purchased: \_\_\_\_\_ *(A copy of the original receipt must be included to validate coverage.)*

Full Product P/N (e.g. TLF-3C2AA or TLF-802AAA-OR): \_\_\_\_\_

Description (e.g., LightStar-180, black): \_\_\_\_\_

Reason for Warranty / Return (Please provide as much detail as possible): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ship to: LightStar Corporation  
12301 Grant Street, # 150  
Thornton, CO 80241  
RA #: \_\_\_\_\_

By signing, I acknowledge that I have read and understand the warranty policy and confirm to the best of my knowledge this request is within the guidelines of the policy.

Consumer Signature: \_\_\_\_\_

(This section internal to LightStar Corporation only.)

LightStar Management Approval \_\_\_\_\_ Date \_\_\_\_\_