

Dealer Warranty Request Form

Company Name: _____

Contact Name: (First) _____ (Last) _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Warranty Preference: ___ Credit ___ Replacement Unit

Return Authorization (RA) Number: _____ *(Note: You must obtain an RA # PRIOR to returning product!)*

Note: If submitting more than 3 items, please attach separate form(s) with the information listed below for each item or attach a spreadsheet with all the required information.

	Item 1	Item 2	Item 3
Part # (e.g., TLF-3C2AA)			
Description (e.g., LightStar180)			
Product Color (e.g., Black)			
Date Sold to Customer			
LightStar Invoice #			
Reason for Warranty			

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.

Dealer Signature: _____

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

(This section internal to LightStar Corporation only.)

LightStar Management Approval _____ Date _____