

RMA Form

If you don't have all the information requested in this form, don't worry! Just provide us with as much information as possible so that we can identify your order and get in touch with you.

We recommend you submit your request within first 24-48 hours of delivery for it to be processed in order of priority.

CONTACT INFORMATION

Contact Person	Phone Number	Extention (<i>optional</i>)
----------------	--------------	-------------------------------

ADDRESS INFORMATION

Company Name	E-mail Address
Address Line 1	Address Line 2 (<i>optional</i>)
Country	Province / State
City	Postal Code

PRODUCT INFORMATION

LumenTruss Product Number / Series Number	Quantity	Select Action	
		replace	credit
PO Number	Tag (<i>Kitchen, L-25, etc.</i>)	Reason For Return	
Detailed Explanation			

LumenTruss Product Number / Series Number	Quantity	Select Action	
		replace	credit
PO Number	Tag	Reason For Return	
Detailed Explanation			

ADDITIONAL PRODUCT INFORMATION

PRODUCT INFORMATION				
LumenTruss Product Number / Series Number		Quantity	Select Action	
			replace	credit
PO Number	Tag	Reason For Return		
Detailed Explanation				
LumenTruss Product Number / Series Number		Quantity	Select Action	
			replace	credit
PO Number	Tag	Reason For Return		
Detailed Explanation				
LumenTruss Product Number / Series Number		Quantity	Select Action	
			replace	credit
PO Number	Tag	Reason For Return		
Detailed Explanation				
LumenTruss Product Number / Series Number		Quantity	Select Action	
			replace	credit
PO Number	Tag	Reason For Return		
Detailed Explanation				