**Return Material Authorization (RMA) Form**

***Please complete all fields in this section, enter N/A if not applicable. RMA # will be provided by Soraa upon approval.***

***See last page of this form for shipping instructions.***

|  |  |
| --- | --- |
| **Customer: Click here to enter text.** | **Request Date: 0/0/2015** |
| **Requester Name: Click here to enter text.** |
| **Requester E-mail: Click here to enter text.** |
| **Contact Phone#: Click here to enter text.** |
| **Address: Click here to enter text.** |
| **Address to ship Replacements: Click here to enter text.** |
| **Return Reason:**  | **[ ] No Light [ ] Flicker [ ]  Wrong Color** **[ ] Yellow Lens [ ]  Visual/Mechanical [ ]  Dim** **[ ]  Other Click here to enter text.** |
| **Action Requested:** | **Choose an item.**  |
| **Fixture Model: Click here to enter text.****Dimmer: Click here to enter text.****Transformer: Click here to enter text.** |
| **Time to Failure:** | **[ ]  Immediately** **[ ]  After working for Click here to enter text.**  |
| **Total RMA Qty: Click here to enter text.** **needed)** |
| **PO** | **Failed Lamp Part Number** | **Qty** | **Date Code** | **Replacement PN** |
| **Click here to enter text.** | **Click here to enter text.** | **Click here to enter text.** | **Example: 1502** | **Click here to enter text.** |
| **Click here to enter text.** | **Click here to enter text.** | **Click here to enter text.** | **Example: 1502** | **Click here to enter text.** |
| **Click here to enter text.** | **Click here to enter text.** | **Click here to enter text.** | **Example: 1502** | **Click here to enter text.** |
| **Comments: Click here to enter text.** |

RMA (RETURN MATERIAL AUTHORIZATION) RETURN INSTRUCTIONS

NOTE: RMA Authorization is ONLY VALID for 30 days from the Issue Date

Please return your lamps within 30 days

1. **Ship ONLY those products authorized above back to Soraa.**
2. **Ship in appropriate packaging so as not to further damage lamps.**
3. **Reference the RMA# on the outside of the package(s).**
	1. **Include numbering (1 of 3, etc) for multiple packages.**
4. **Include paperwork**
	1. **Ensure applicable paperwork such as packing slips, etc. accompany the product and reference the RMA#. Failure to do so may result in rejection of shipment.**
5. **For international shipments:**
	1. **Place a copy of the documentation INSIDE the package.**
6. **Ship prepaid and insured to the following address:**

 **Soraa**

 **ATTN: RMA Department**

**RMA# \_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Soraa (USA)**

**6500 Kaiser Drive, Suite 110**

**Fremont, CA 94555**