

## Labor Warranty Claim Form

Please email the completed form to AgiLightCS@GENLEDBrands.com  
and include original installation documentation, photo documentation and invoice for repair.

Name of Sign: \_\_\_\_\_ Original Installation Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_

Customer Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Location ID (if applicable): \_\_\_\_\_ Program/Account (if applicable): \_\_\_\_\_

**Product Info**

Product Part Number	Quantity of Defective LED Product	RMA Number	Part Number of Defective Power Supply	Distributor	Invoice #, PO # or Reference #

Product failed during:       During Installation       In-service (after a time period in use)

**Additional Notes:**

Customer Name: \_\_\_\_\_

Customer Signature / Date: \_\_\_\_\_ / \_\_\_\_\_