



RETURN MERCHANDISE AUTHORIZATION FORM

Please read entire RMA Policy & Limited Warranty before submitting RMA form. Incomplete/incorrect forms will delay claim process. Product returned without prior authorization will not be processed. Ship all items to 12437 Bellegrave Ave., Eastvale, CA 91752 unless agreed otherwise in writing.

DATE: \_\_\_\_\_ REFERENCE # LDRM \_\_\_\_\_

Requesting Company Name: \_\_\_\_\_
Company's Contact Name: \_\_\_\_\_
Email: \_\_\_\_\_ Tel: \_\_\_\_\_
Account Manager: \_\_\_\_\_
RMA Request: Replacement(s) / Refurbishment(s) Credit on Account\*
\*Only for orders placed within last 30 days

Ship To Information
Ship To Company Name: \_\_\_\_\_
Ship To Contact Name: \_\_\_\_\_
Phone #: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Table with 3 main sections (1, 2, 3) for item details. Each section includes columns for Invoice No., Invoice Date, Model Number, Qty, Item Code, and Unit Price. It also has rows for Defective, Damaged during shipping, Received Incorrect Item, Ordered Incorrect Item, and Other.

By signing and submitting this RMA Form, you are acknowledging and adhering to LED One's RMA Policy, Standards & Procedure.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_