



1911 West Parkside Lane Phoenix, Arizona 85027
 (800) 533-8948 Fax: (623) 580-8948 www.barronltg.com

RMA# _____

Date Issued: _____

Expiration Date: _____
 (An RMA # will be assigned once we receive this completed form)

NOTE: All shipments that do not have a current RMA number assigned will be rejected at delivery and returned to the customer at the customer's expense. No shipment will be accepted without a proper RMA number attached to outside of package.

Return Material Authorization Form

FAILURE TO FOLLOW THE PROCEDURES LISTED WILL RESULT IN YOUR SHIPMENT BEING RETURNED.

- Complete this form in its entirety and return it to Barron Lighting Group. You will receive an RMA # within five (5) working days
 - All packages and paperwork must be marked with the assigned RMA number
- A copy of the completed RMA form must be in each package
 - This RMA is valid only for the number of signs listed below
 - Only one shipment can be made on this RMA number
 - Shipments must be sent pre-paid
 - Restocking fee will be invoiced after RMA is received

Contact Name: _____ Phone: _____ Fax: _____

P.O. Reference #: _____ New Order Placed? Yes No

Barron Lighting Group Invoice #: _____ Date Ordered: _____

Distributor: _____ P.O. # _____

Replacements Needed? Yes No (Customer will be charged for replacements unless otherwise notified)

SHIP TO ADDRESS: (If different than original on invoice)

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

GOODS TO BE RETURNED

NOTE: This information must be provided in its entirety. Complete details for alleged defective product is required prior to processing.

Qty.	Catalog Number/Description	Reason for Return

DO NOT WRITE BELOW THIS LINE

Returned to Stock: Yes <input type="checkbox"/> No <input type="checkbox"/>	Restocking Fee:
Returned for Credit: Yes <input type="checkbox"/> No <input type="checkbox"/>	Credit Memo:
Replaced Under Warranty: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Returned:
Field Scrap: Yes <input type="checkbox"/> No <input type="checkbox"/>	Credit Only: Yes <input type="checkbox"/> No <input type="checkbox"/> No Credit Due: Yes <input type="checkbox"/> No <input type="checkbox"/>

Date Return Received: _____ Signature: _____