



RMA Request Form

124 Floyd Smith Drive Suite 300 Charlotte, NC 28262 ph: 704-405-9745 fax: 704-973-0331

All items marked with (*) are required. Incomplete items will delay RMA Processing

COMPANY INFO

*Company Name: _____

*Contact Name: _____

*Address line 1: _____

*Address line 2: _____

*City, State, Zip: _____

*Phone & Fax# _____

Email address: _____

ORDER INFO

*Original Purchase order # _____

Nexus Lighting Order# _____ Date: _____

Nexus Lighting Invoice # _____ Date: _____

(Only one of the above items is required)

ITEMS RETURNING

*Item # _____ Quantity: _____

*Item # _____ Quantity: _____

*Item # _____ Quantity: _____

*Reason for return (Detailed description of the problem):

*Select return type:

Return for **Repair** _____ Return for **Credit** _____ Return for **Replacement** _____

Restocking fee of 35% will apply to all returns that are not items with manufacturing defects or damaged during shipping. The item must be returned in its original box and within 6 months from purchase date to be considered for credit.

to

Upon receipt of your information, a customer service representative will process your request. We will respond to you via fax or email with a RMA (return material authorization) number along with all required instructions for the return. Please do not ship anything without the authorization number. If you have any questions or concerns regarding this form please contact the customer service department at rma@nexxuslighting.com.