



Warranty Replacement Form

Telephone: (916) 371-8080 Fax: (916) 371-6666

McWong International Inc Only RGA#: _____

Date: _____

Name of Installation: _____

City: _____ State: _____ Zip Code: _____ Date of Install: _____

I am the: Distributor Contractor End User OEM Manufacturer's Rep.

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Phone: _____ Fax: _____

E-mail Address: _____

Catalog Model	Total Qty Installed	Qty Not Working	Qty Failed on Install	Product Date Code

Note: Please retain all units for return to Pacific if requested.

Description of Problem - Type of Installation: New Retrofit Other

Lamp Manufacturer & Type of Lamps: -

Fixture Manufactured by: _____

Type of Fixture: _____

Requested Action(s): Send Replacement Product Contact for Assistance

Ship Replacement Product to: Same as Above

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Phone: _____ Fax: _____

E-mail Address: _____