

Warranty Claim Form



231 Commerce Drive | Fall River, MA 02721 | Telephone: 508 678-5411 | Fax: 508 678-5408

Atlantic Use Only RGA# _____

Date: _____

Fixtures are installed at _____

City _____ State _____ Zip Code _____ Date of Installation _____

I am the: Distributor Contractor End-User Manufacturers Rep.

Company _____

Address _____

City _____ State _____ Zip Code _____

Contact _____ Phone _____ Fax _____

E-Mail Address _____

Catalog Number	Total Qty Installed	Qty with Issue	Ordered by	Purchase Order #

Type of Installation: New Installation Remodeler Other _____

Type of Ceiling: Sheetrock Smooth Textured Drop/T-Grid

Ceiling Thickness: _____ inches

Mounting: STD Hanger Bars Caddy #517 Other _____

Description of Problem _____

Lamp Manufacturer & Type of Lamps: _____

Voltage to Fixture: _____

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

Any Replacement parts should ship to: Same as above

Company _____

Address _____

City _____ State _____ Zip Code _____

Contact _____ Phone _____ Fax _____

E-Mail Address _____