

WARRANTY CLAIM

This form is **mandatory** for any individual or company that is seeking replacement items or account credit (for defective/damaged items manufactured by American Illumination, Inc. Submit a completed Warranty Claim form, a photo of the fixture, and our **Return Goods Authorization** form via email (Support@american-illumination.com) or fax (310-212-6551, Attn: Returns). Upon review, one of our representatives will contact you directly regarding the results of your claim. Your information will help us improve our products. Thank you for your cooperation.

CLAIM DATE: _____ DATE OF PURCHASE: _____ P.O. No.: _____
 COMPANY/DISTRIBUTOR: _____ ACCOUNT No.: _____
 REQUESTED BY: _____ PHONE: _____
 CONTACT EMAIL: _____ FAX: _____

SYMPTOMS

MY LIGHT(S) IS/ARE EXPERIENCING...

CHECK ONE: WON'T LIGHT UP DIMINISHED BRIGHTNESS COLOR SHIFT FLICKERING

AFTER INSTALLMENT, HOW SOON DID YOU EXPERIENCE THE SYMPTOM(S)?

CHECK ONE: RIGHT AWAY (UPON INSTALLATION)

OVER A PERIOD OF TIME (see below)

I. Total length of operation (in days)? _____

II. Used many hours per day? _____

III. Used how many times per day? (On/Off Count) _____

POWER SUPPLY & CONTROLS

POWER SUPPLY TYPE: MAGNETIC ELECTRONIC SMPS OTHER _____

MAKE: _____ MODEL: _____ OUTPUT WATTS/VOLTAGE: _____

UNITS/TRANSFORMER: _____ WIRE GAUGE: _____ MAX. DISTANCE FROM TRANSFORMER: _____

DISTANCE BETWEEN UNITS: _____ WIRING: SERIES / PARALLEL (CIRCLE ONE)

DIMMER USED? NO YES, TYPE: _____

CONTROLS (TIMER/SENSOR/WIRELESS) USED? NO YES, TYPE _____

OTHER DEVICES, LIGHTS OR OTHER, CONNECTED TO THE SAME POWER SUPPLY? PLEASE EXPLAIN: _____

UNIT CONFIGURATION*

LIGHT APPLICATION: _____ INDOOR / OUTDOOR (CIRCLE ONE)

ARE YOU USING A HEAT SINK? CHECK ONE:

YES, TYPE: _____ NO, ALTERNATE METHOD: _____

UNIT CONFIGURATION:

VENTILATED IN OPEN AIR SEALED FIXTURE OTHER: _____

FIXTURE DESCRIPTION: _____

***PLEASE ATTACH PHOTO OF THE FIXTURE(S) WITH THIS FORM**