

RMA Request Form 2010 for NEXXUS LIGHTING

9400 Southridge Park Court Suite 200 Orlando, FL 32819 ph: 407-367-0612 Fax: 407-264-6114

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

*Company Name:
*Contact Name:
*Address line 1:
*Address line 2:
*City, State, Zip:
*Phone & Fax#
Email address:
*Original Purchase order # OR SVI Order #
SVI Invoice #
(Only one of the above items is required)
*If the item was not purchase directly from Nexxus Lighting – Please attach proof of purchase to expedite process.
*Original Purchase date
*Item #
Serial #
*Quantity
*Reason for return (Detailed description of the problem):
*Select return type: Return for Repair Return for Credit Return for Replacement

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 <u>do not</u> 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.

considered for credit.