



LIFE LAMP

3040 Switzer Avenue

Columbus OH 43219

Phone: 262-685-0135

Website: www.LifeLamp.net

Return Material Authorization (RMA) Form

Please fill out the form & submit to us. Please allow 2-3 working days to respond back to you.

(*Fields Required)

*Invoice Number:

*PO:

*Invoice Date:

If purchased from Company directly YES NO

If "No" Please provide distributor details

Distributor Name:

Distributor Phone

*Date of Purchase:

*Date of Actual Use:

*First & Last Name:

*Company Name:

*Address 1:

*Email Address:

*City: *State *Zip Code

*Email: Phone Number

We would request you to submit the RMA first, before calling for problem/exchanges. Please provide the correct item number along with description of problem faced.

*Quantity & Item #: _____

*Details of the problem: _____

Any Additional Comments may kindly be mentioned below – Thank you.