

GENESLS[™] Product Warranty Form

Submit completed form to:
info@getledlight.com

Date Filing this Report: _____

Company Name: _____

Address: _____

Contact Name: _____

Contact Phone Number: _____

Contact Email Address: _____

Date of Install: _____

Operating Voltage: _____

Invoice # / Original PO#: _____

Part Number: _____

Quantity Installed: _____

Quantity Defective: _____

**Number of
Replacements Desired:** _____

Actions taken already: _____

Ship-to Address if different
than the above:

Complete Statement of
Complaint:

NOTE: Replacement items will be invoiced with 60 day terms. Damaged items must be received by Genesis or invoice for replacements must be paid within 60 days. Genesis will assist with returns.

www.getledlight.com

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