



Return Merchandise Authorization (RMA) Request Form

Please fill out this form completely. Once completed and signed, email this form and a copy of your invoice to: rma@apure-system.com. We will respond to your request within two business days.

If you are returning/exchanging multiple products, please fill out an RMA form for each type.

Company Name _____

Contact Name _____

Invoice / Order Number _____

Product Name _____

Part Number _____

Serial Number(s) _____

Quantity _____

Reason for return (check one)

Defective

Other, please specify: _____

Desired Outcome (check one)

Exchange

Refund (*restocking fee will apply*)

Power supply / Driver (Model Number) _____

Circuit details _____

Number of fixtures in the circuit _____

Wire guage used _____

Was a dimmer or switch used? (check one) Yes _____ No _____

Dimmer / switch used (Model Number) _____

Please, explain the issue you are experiencing with the fixture(s):

By signing below, I understand that products exchanged/returned will be tested once received. All RMA's are subject to Apure's standard terms and conditions and limited warranty found on the official Apure website (apure-system.com). Returns will be processed within 7-10 business days.

Signature: _____ Date: _____