

**REQUEST FOR REPLACEMENT LAMP**

NAME/TITLE \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER/E-MAIL \_\_\_\_\_

PLACE/SOURCE OF PURCHASE \_\_\_\_\_

NUMBER OF UNITS PURCHASED (SPECIFY METAL HALIDE LAMP OR  
MERCURY VAPOR LAMP) \_\_\_\_\_

PRICE PAID PER UNIT \_\_\_\_\_

RECEIPT/PROOF OF PURCHASE/INVOICE ATTACHED? \_\_\_\_\_

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**I am returning the following lamp(s) in my possession  
(specify quantity and wattage):**

- \_\_\_\_ PLUSRITE POWERSTRIKE METAL HALIDE LAMP
- \_\_\_\_ PLUSRITE LOW WATT METAL HALIDE LAMP
- \_\_\_\_ PLUSRITE UNIVERSAL METAL HALIDE LAMP
- \_\_\_\_ PLUSRITE PROTECTED METAL HALIDE LAMP
- \_\_\_\_ PLUSRITE MERCURY VAPOR LAMP

**I request that Fanlight, Inc. send non-defective  
replacement lamps to the above address.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**NAME/TITLE (if different from above)**

\_\_\_\_\_  
**DATE**

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Return this form and lamps to FANLIGHT, INC., 1643 Puddingstone Dr.,  
La Verne, CA 91750. [WE WILL DETERMINE MODE OF  
TRANSMISSION AND PREPAYMENT CODE.]