



i-Lighting LED Lighting Solutions, LLC

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Name/Position:

Company:

Phone #:

Email:

Address:

Today's date:

Sales/Invoice No. & Date Purchased:

Product(s) being returned:

Reason for return:

Action Required (i.e. Replacement/Refund):

**** PLEASE SEND THIS COMPLETED FORM IN THE BOX WITH YOUR RETURN. THANK YOU! ****

For Internal Use Only

Received By: _____ Date: _____ Approved By: _____ Date: _____