



Return Material Authorization (RMA) form

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

Invoice No.

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 Name: Last Name

Company Name:

Address 1 Address 2

City State Zip/postal Code

Email: Phone No.

We would request you to submit the RMA first before calling for any problem/exchanges. Please provide the correct item no. of model no. along with description of problem faced. Please do not destroy broken pieces or the original product packing.

Model No.

Details of the problems

Do you want to exchange the product? Yes No

Any additional comments may kindly be mentioned below

(when submit is pressed the e mail is send to info@overdrive-lighting.com)