

Note! Fill in one page per article and package each article separately.

Complaint form

Company:	Customer ID:
Address for pick up:	Delivery address: Same as pick up address <input type="checkbox"/>
Postal number, City:	Postal number, City:
Reference, mobile number:	Reference, mobile number:
Email:	Email:
Number of packages and dimensions & weight:	Project name:

Shortly describe the defected product:

Replacement:

Order or invoice number:	Dimmable <input type="checkbox"/>
Product name:	Not dimmable <input type="checkbox"/>
Article number of defected product:	Indoor use <input type="checkbox"/>
Number of defected products:	Outdoor use <input type="checkbox"/>
Number of installed products:	Electronic driver <input type="checkbox"/>
In use since:	Magnetic driver <input type="checkbox"/>

Burning hours:

Lighting control:

Switching cycle per day:

< 8 per day <input type="checkbox"/>	> 8 per day <input type="checkbox"/>	Continually <input type="checkbox"/>	None <input type="checkbox"/>	Once a day <input type="checkbox"/>
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Email the complaint form together with the order confirmation or invoice to: claims@auralight.com.