



Warranty Claim Form

PLEASE PRINT THIS PAGE
ENTIRE FORM MUST BE COMPLETED

Name: _____

Address: _____

Phone #: _____

E-Mail: _____

Product Purchased: _____

Date Of Purchase: _____

Order # & RMA #: _____

Year, Make, & Model: _____

Description of problem: _____

The following must be included with Warranty Claim:

- Warranty Claim Form **completely filled out**
- Both Bulbs in original carton packaged securely
- Money Order in the amount of \$9.95 for return shipping made payable to 'Novare Industries, Inc.'
- Copy of Proof of Purchase / Receipt

Please Submit To:
Luminics USA
ATTN: Bulb Warranty Dept
12207 Los Nietos Rd, Unit C
Santa Fe Springs, CA 90670

*** Return Shipping will be delayed and/or discarded if the form is incomplete. Please keep a copy of this form for your records.
*** If any of the above mentioned items are not included in the return package, further delays and/or a denied claim will be issued.