



# RMA REQUEST

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## Customer Info

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Contact Name: \_\_\_\_\_ Phone: (    )    -    Cell: (    )    -

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Company Name: \_\_\_\_\_ Email: \_\_\_\_\_

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Kino Flo Order #: \_\_\_\_\_ Kino Flo Invoice #: \_\_\_\_\_ Date of Request: \_\_\_\_\_

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## Product Info

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Part No#	Description	Qty	Serial #	Reason for Return

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## Instructions

Email or Fax Completed form to:

Kino Flo Lighting Systems  
2840 N Hollywood Way  
Burbank, CA 91505  
Phone: (818) 767-6528  
Fax: (818) 767-7517  
[Sales@kinoflo.com](mailto:Sales@kinoflo.com)

A customer service representative will be in contact with you regarding your request for return within 48 hours of receipt of your request.