Vari-Lite Service Center
Return Material Authorization (RMA) form

Date: _____

CLIENT INFOMATION

Name: _____
Company: _____
Address: _____
Zipcode, city: _____
Country: _____
E-mail: _____
Phone: _____

For Vari-Lite use only	
RMA no.:	
Entered by:	
Date:	

FIXTURE INFORMATION

Type: _____
Serial no.: _____
Firmware version: _____

For all non-warranty repair requests, you must include a valid purchase order (PO) number below.
PO no.:

FAILURE DESCRIPTION

Terms and conditions apply.

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