



EXTENDED SERVICE AGREEMENT - CLAIM FORM

When completed, email to warranty@linmoreled.com

CONTRACTOR INFORMATION

CORRESPONDING P.O.# OR INVOICE # _____

Contractor _____

Address _____

City, State Zip _____

Phone _____

Contact Name _____

ESA Model # _____

Quantity _____

Contact Email _____

REPAIR INFORMATION

Complaint/Reason for Repair _____

ESA Part # _____

Linmore LED Fixture Part # _____

Quantity Effected _____

Service Date _____

Installation Date _____

Repair/Labor Description _____

