

# ReLamping Order Form

Projector Lamp Services  
 50 Orville Drive  
 Bohemia, NY 11716  
 Phone: 1-631-244-0051  
 Fax: 1-631-244-0053

## Product Information

**\*Please fill out all applicable fields\***

**The more information provided the faster your lamp will be returned to you!**

Standard ReLamping?:	Yes <input type="checkbox"/>	Quantity: _____
Xenon ReLamping?:	<input type="checkbox"/>	Quantity: _____
Other Service/ Notes: (Please Specify)	<input type="checkbox"/>	Quantity: _____

PLS Sales Rep's Name: \_\_\_\_\_

Price Quote From Sales Rep: \_\_\_\_\_

Projector Make: \_\_\_\_\_ Model: \_\_\_\_\_

## Company Information

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

Bill To Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Fax: \_\_\_\_\_  
 \_\_\_\_\_ Website: \_\_\_\_\_

Ship To Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Contact Information

Name: \_\_\_\_\_ Direct Line: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Payment Information

Payment Terms: \_\_\_\_\_ PO #: \_\_\_\_\_

Type of Credit Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Account Number: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

## Return Shipping Information

Shipping request : \_\_\_\_\_ Insurance? (Y/N) \_\_\_\_\_  
 PLS ships all units via UPS Ground. Additional charges apply

Any other shipping requests may require an extra charge.

Sign here: \_\_\_\_\_  
 (Customer Signature)

**Authorization**  
 (Signature of cardholder if name on card is different than contact name above)  
**PLEASE INCLUDE TAX EXEMPT CERTIFICATE IF APPLICABLE**

Projector Lamp Services is not responsible for any lamps received and left without the proper paperwork (ie. order form or company PO) for more than 14 days. Lamps left for more than 14 days may be recycled. Always send in a completed order form or company PO with your lamp(s).