

ReLamping Order Form

RelampIt
 50 Orville Drive, Ste. 3
 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: (Specify Service)	<input type="checkbox"/>	Quantity: _____

RelampIt Sales Rep's Name: _____

Price Quote From Sales Rep: _____

Projector Make: _____ Model: _____

Put additional models on back or separate sheet

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) * _____
RelampIt ships all lamps via UPS Ground if not s	Insurance is NOT optional for orders over \$600 and will be charged at current UPS rate
Special shipping requests may require an extra charge.	*If customer wants to waive insurance for orders over \$600, waiver must be submitted to RelampIt in writing and package will not be covered from shipping damages. For more info visit relampit.com.

Signature/ Authorization: _____

(Customer signature for relamping authorization- must be signed by cardholder, if credit card information is provided)

PLEASE INCLUDE TAX EXEMPT CERTIFICATE IF APPLICABLE

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