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| --- | --- | --- | --- | --- | --- | --- |
| **Requestor’s Information** | |  | | | | |
| Date | Click here to enter a date. | | Company Name | | Click here to enter text. | |
| Contact Name | Click here to enter text. | | Company Type | | Installer Distributor Other | |
| Telephone No. | Click here to enter text. | | Email address | | Click here to enter text. | |
| \*Address (Shipping) | Click here to enter text. | | | | | |
| DISTY’S Name & Address | Click here to enter text. | | | Sales Rep. with Disty | |  | |

**

**Solar Return Authorization Request Form**

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| **Property Information** | |  | | |
| Property Name | Click here to enter text. | | Contact Name | Click here to enter text. |
| Address | Click here to enter text. | | Telephone No. | Click here to enter text. |
| City/ST/Zip | Click here to enter text. | | Email address | Click here to enter text. |
| Installation date | Click here to enter text. | | Total Installed | Click here to enter text. |
| No. of Strings | Click here to enter text. | | Inverter Type | Click here to enter text. |

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| --- | --- | --- |
| **Defective Unit Information** | |  |
| Location of Defects | Warehouse  Installation Area  After Installation  Other | |
| Model No. | Click here to enter text. | |
| Serial No. | Click here to enter text.  \* List serial number of every defective panels if you have more than 1 panel | |
| Description of  Defects | Glass Break  Junction Box  Frame  Back Sheet  Power  Color  Other (Please describe issue)\_Click here to enter text. | |

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| --- | --- |
| **Shipping Information** |  |
| **Advanced Shipping:** The replacement module will be shipped with a prepaid shipping label to return the defective module AFTER you receive a replacement. **(Credit Card Required)** | |
| **Regular Shipping:** You will be provided with a prepaid shipping label to return the defective module BEFORE you receive a replacement. | |
| **Dealer Credit:** A credit is provided directly to your LG distributor, who will then credit your account. **(Distributor must agree)** | |

**DATE**: Select Date. **SIGNATURE:** Click here to enter text.

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| **Pictures of production report past 14 days, VOC Trend, Any other supporting documents of claims** |  |

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