

ePower America Warranty Claim Form

Power Supply Information and Installation Location

Date of Purchase:		Name of Purcha	Name of Purchaser:		
Date	of Install:	Site Name:			
Addre	SS:	City:	State:	Zip:	
Daily	Operating Hours of Sign:				
		Photos to Submit with Cl			
	_	Photo of power supp Photo showing location Photo of power supp Photo of the entire sign	on of power supply ly wiring connection		
Quest	ions to Answer				
1.	. What are the symptoms the power supply had that suggest it is defective?				
2.	What is the model ID number/wattage # of the power supply?				
3.	What product was the power supply connected to and what are the product specifications?				
4.	Please provide any additional information to support your claim:				

Sign Installer Name/Installation Company (if applicable)

Name of Installer/Installation Company:		
Contact Name:		
Street Address:		
City:	State:	Zip Code:
Phone:	Email Address:	

*Please note that this warranty claim form must be completed in its entirety with photos attached, supporting documentation, along with a copy of the original sales receipt or invoice.

