Please complete 1form for each unit.

Units to be repaired under warranty need to be returned with copy of receipt.

Company Name			
Contact Name:			<u> </u>
Your Signature: _			_
Address:			_
City:	Sta	te: Zip:	
Telephone:		Email:	
Model:	_ Serial Number:	Purchased from:	
Detailed descrip	tion of the Issue:		
Δην	Units damaged by	2 nower surge are no	t covered under the warranty.
We charge \$95-\$4		1 0	sformer, & some Gemini models. contact Microgrow 951-296-3340
	are warranted for a period o product, whether or not und	-	ibed under the original limited warranty apply to any
It is recommended damaged in shipp	ing.	e unit being returned for repair. <u>I</u> il Barb Kruse bkruse@phytot	Phytotronics does not assume any liability for items
Your Signature: _			
-		Phytotronics Re	epairs
	1.	3688 Rider Trail	l North
	I	Earth City, MO	63045
		Office Use Or	nly:
Date Receiv	ved Renair		le: Repair Cost:
Date Receiv	Deta Completed:	•	-