

ADVANCE PLUS 90 Protection® Warranty Registration Form

WR No. _____
Advance use only

Name of Installation (User) _____

Street Address _____

City _____ State (Province/Region) _____ Zip _____ Country _____

Contact Person _____ Title _____

Phone _____ Fax _____ e-mail _____

Name of Labor Provider _____

Contact Person _____ Title _____

Phone _____ Fax _____ e-mail _____

Type of Labor Energy Service Company Electrical Contractor Lighting Maintenance Service

Other _____

Installation Information

Approx. No. of Lamps _____ Approx. No. of Ballasts _____

Start-Up Date (MM/DD/YY) _____ End Date (MM/DD/YY) _____

Lamp Brand

- GE
- Osram/Sylvania
- Philips
- Venture
- Other _____

Lamp Types

- F32T8
- F96T8
- Compact Fluorescent
- T5/HO
- Pulse Start Metal Halide
- Ceramic Metal Halide
- Other _____

Ballast Types

- Fluorescent Ballasts - Electronic
- Fluorescent Ballasts - Magnetic
- HID Ballasts - Electronic
- HID Ballasts - Magnetic
- Other _____

Ballast SKUs

- _____
- _____
- _____
- _____
- _____

Industry Segment

- Commercial/Office Bldg.
- Industrial/Warehouse

- Retail Store
- Government

- Hospital
- School/University

Other _____

Name of Advance Distributor _____

Address _____

City _____ State (Province/Region) _____ Zip _____ Country _____

Contact Person _____ Title _____

Phone _____ Fax _____ e-mail _____

Distributor Signature _____ Date _____

Advance Sales Representative _____

-IMPORTANT-

To apply for PLUS 90 Protection, complete and fax or mail this form within 30 days from date of installation start-up. Retain a photocopy for your records.

Send to: Advance
c/o Warranty Service Team
10275 W. Higgins Rd.
Rosemont, IL 60018
or Fax to: 847-768-7768

Once received and acknowledged, Advance will assign a Warranty Replacement (WR) number to the form and will return an Acceptance Copy to you. When filing a claim, call Advance's Warranty Service Team toll-free at 1-800-372-3331 and reference the WR number as indicated.

Register online at www.advancetransformer.com/plus90