

SAMPLE # _____



Southern Lamps Inc.
UV & Specialty Supplies

Sample Identification Form

Date: _____

Company: _____

Contact: _____

Phone: _____

Email: _____

LAMP INFO:

Equipment Type: _____

Part Number / Additional Info on lamp: _____

Total Length: _____

Watts per inch: _____

Additional Information: _____

Does the lamp still fire up? _____

Would you like us to return your lamp? _____

How soon do you need to order your next replacement lamp? _____

Please pack up your lamp safely to ensure it arrives to us in one piece and send to us along with this form completed with as much information as possible to:

Southern Lamps, Inc.
Attn: Warehouse
6 Carry Back Road
Ocala, FL 34482

The processing for spec'ing out sample lamps may take up to 3 weeks. Please let us know if you have an urgent need and we will do our best to expedite the process.

FOR FACTORY USE:

Date Received: _____

Lamp Identification: _____

Return to Customer: _____