



WARRANTY AND ADVANCE REPLACEMENT
WAVE POINT BALLAST
Wave Point® Technology

Please mail or fax us the following:

DATE: _____

• Order Form

- * Please be sure to fill out this order form completely
- * If paying by credit card, please complete order form with credit card information and signature.
- * If paying by check, please mail us your check and make check payable to: Wave Point® Technology. DO NOT SEND CASH.

• A copy of your original purchase receipt for all warranty card

Fax to: (805) 383-3565

Mail to: Wave Point® Technology: 300 South Lewis Rd. Unit J, Camarillo, CA 93012, USA

* Please make a copy of this order form and retain it for your records.

OWNER INFORMATION	
Name:	
Address:	
City:	
State:	Zip Code:
Email:	
Cell Phone:	
Home Phone:	
Work Phone:	

BILLING INFORMATION	
<input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> CHECK	
CC#:	
Exp:	Verification Code: <small>3-4 digits found on the back/front of the card</small>
Name:	
Signature:	
Address:	
City:	
State:	Zip Code:

ITEM SHIPPED		
UPC NO.	DESCRIPTION	QUANTITY

DATE SHIPPED: _____ VIA: _____ TRACKING NUMBER: _____

Applicant's signature attests to financial responsibility, ability, and willingness to pay the invoiced amount of the ballast if the ballast is not returned to Wave Point Technology at 300 South Lewis Rd. Unit J, Camarillo, CA 93012 within 16 days

SIGNATURE: _____ DATE: _____

PRINT: _____

If you have any questions or require any additional information do not hesitate to contact us directly at 805-383-3566 ext. 102